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Certified Copies	_ Certificates	of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2015

1

DANIEL O. GONZALEZ 52 N. MARLIN AVE. KEY LARGO, FL 33037

SUBJECT: SEALUTIONS, LLC Ref. Number: W15000070109

We have received your document for SEALUTIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L12000116870 (SEA-LUTIONS, LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 215A00022395

Charges have to Marine Sealutions, LLC Effective date: January 1st, 2016

## **COVER LETTER**

TO: Re	gistration Section vision of Corporations			
SUBJECT:	SEALUTIONS, LLC			
SCHIECT.		mited Liabilit	y Company	
The enclose	d Articles of Organization and fee(s) a	re submitted f	for filing.	
Please return	n all correspondence concerning this m	natter to the fo	ollowing:	
	DANIEL O. GONZALEZ			
-		Name of P	Person	_
	SEALUTIONS, LLC			
-		Firm/Com	npany	
_	52 N. MARLIN AVENUE			
-		Addres	ss	
	KEY LARGO, FL. 33037			
S	EALUTIONS I @GMAIL.COM	City/State and	Zip Code	
· <u></u>	E-mail address: (to be used	d for future an	nual report notification)	
For further inf	formation concerning this matter, pleas	se call:		
I	DANIEL O. GONZALEZ 3	005 \	305-5409	
_		Area Code	Daytime Telephone Number	٠
Enclosed is	a check for the following amount:			
\$125.00 Fili	ing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	Certified	\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enc	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N C 2	Street Address  New Filing Section  Division of Corporations  Clifton Building  1661 Executive Center Circle  Fallahassee, FL 32301	•

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address: he mailing address and str				
	eet address of the principal offic	e of the Limited Liability Com	npany is:	
<u>Pri</u>	ncipal Office Address:	<u>M</u> 8	ailing Address:	
52 N. MARLIN	DANIEL O. GONZALEZ 52 N. MARLIN AVENUE KEY LARGO, FLORIDA 33037		52 N. MARLIN AVENUE KEY LARGO, FLORIDA 33037	
E Limited Liability Com her business entity with	Agent, Registered Office, & I pany cannot serve as its own Ren an active Florida registration.)	gistered Agent. You must desi		
e Limited Liability Com ther business entity with	pany cannot serve as its own Re n an active Florida registration.)  treet address of the registered ag  DANIEL O. GONZALE	gistered Agent. You must desi ent are: Z		
E Limited Liability Com her business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered ag <u>DANIEL O. GONZALE</u> N	gistered Agent. You must desi ent are: Z ame		
he Limited Liability Com other business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered ag  DANIEL O. GONZALE  N  52 N. MARLIN AVENI	gistered Agent. You must desi ent are: Z ame		
ELimited Liability Com her business entity with	pany cannot serve as its own Ren an active Florida registration.)  treet address of the registered ag  DANIEL O. GONZALE  N  52 N. MARLIN AVENI	gistered Agent. You must desi ent are: Z ame	ignate an individual or	

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	DANIEL O. GONZALEZ
	52 N. MARLIN ROAD
	KEY LARGO, FLORIDA 33037
AMBR	BARBARA C. GONZALEZ
	1165 98th STREET
	BAY HARBOR, FLORIDA 33154
-	
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If I k V + httective date it other than the date	
n effective date is listed, the date must be spe late of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
n effective date is listed, the date must be spelate of filing.) e: If the date inserted in this block does not not document's effective date on the Department of CICLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be listed of State's records.
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n effective date is listed, the date must be speciate of filing.) e: If the date inserted in this block does not make document's effective date on the Department of CICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not be listed of State's records.
n effective date is listed, the date must be speciate of filing.) e: If the date inserted in this block does not make document's effective date on the Department of CICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	ANIEL O. GONZALEZ  Sumber or an authorized representative of a member.  Ted in accordance with section 05.0203 (1) (b), Florida Statutes.  Enformation submitted in a document to the Department of State

**ARTICLE IV-**

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)