

2/17/2016

From: A.A. ALI, CPA 1. 7.29.16 60 Min Feb 1 13:07:5 2016 Page 1 of 3  
Division of Corporations**L160000019683**

**Florida Department of State  
Division of Corporations  
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APPROVAL  
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**FLORIDA LIMITED LIABILITY CO.  
SEYMOUR HOLDINGS LLC**

Certificate of Status	<b>1</b>
Certified Copy	<b>0</b>
Page Count	<b>03</b>
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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SEYMOUR HOLDINGS, LLC**

(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

**ARTICLE II - Address:**

The mailing and street address of the principal office of the Limited Liability Company is:

**2033 RICKOVER PLACE  
WINTER GARDEN, FL 34787**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**FARIDA SEYMOUR  
2033 RICKOVER PLACE  
WINTER GARDEN, FL 34787**

*Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

  
**FARIDA SEYMOUR/ Registered Agent's Signature**

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**ARTICLE IV- Manager(s) or Managing Member(s):**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

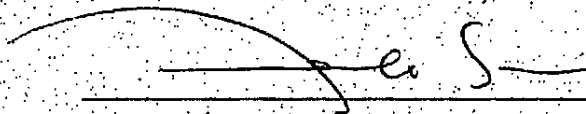
"MGRM" = Managing Member

**FARIDA SEYMOUR - MGRM**  
**2033 RICKOVER PLACE**  
**WINTER GARDEN, FL 34787**

**ARTICLE V: Effective date, if other than the date of filing: 02/01/2016**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. )

**FARIDA SEYMOUR**

Typed or printed name of signee

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