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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

APR 11 PH 12: 41

FLORIDA LIMITED LIABILITY CO.

Sebastian Waterfront Properties LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

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COVER LETTER

	Registration Section Division of Corporations				
SI(B IE7	Schastian Waterfront Proporties	1.LC			
SOBJEC	Name	of Limited Liabi	ity Company	,	
The encl	osed Articles of Organization and fee	(s) are submitted	for filing.		
Please re	turn all correspondence concerning fl	his matter to the	following:		
	Edgar Balbin				
	THE POPULATION AND ADDRESS OF THE PO	Name of	Person		
	Sebastian Waterfront Properties I	.L.C			
	a dia dilana salah sagatan kabi dilikuta sahadah anah anah alah dilana anamanan yang peperjahan sa	Firm/Co	mpany		
	117 Dockside Drive				
		Addi	ess		
	St Augustine, FL 32084				SECS LAND OF STATE
	hifebase@sbeglobal.net	City/State an	d Zip Code		
	E-mail address: (to be	used for future a	anual report notification)	<u> </u>	
For further	information concerning this matter,	please call:		*****	
	Edgar Balbin	7 4 at {	310-0166	garanta Minagina Mary Pa Mary Mary Mary Mary Mary Mary	
	Name of Person	Area Code	Daytime Telephone Number	MII: 45	
Enclosed	is a check for the following amount:				
\$125.00	Filing Fee \$130.00 Filing Fee Certificate of State	s LCertifi	00 Filing Fee & \$160.00 Filing Feed Copy Certificate of State al copy is enclosed) Certified Copy (additional copy is e	tus &	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

4/11/2016 11:27:27 AM From: To: 8506176381(3/4)

ARTICLESOF	ORGANIZATIONFOR	FLORIDA LIMITE	D LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liabilit	ly Company is:			
Sebastian Waterfron (Must end		Liability Compar	by, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limite	d Liability Company is:	
Princip	al Office Address:		Mailing Addres	<u>\$\$</u> :
117 Dockside Drive St Augustine, FL 32	084		17 Dockside Drive t. Augustine, FL 32084	
(The Limited Liability Company another business entity with an another business entity with an arrival the mame and the Florida street	active Florida registratio	on.)	. I vo must designate an mor	-
	117 Dockside Drive			
	Florida street addres		acceptable)	<u> </u>
	St. Augustine	FL,	32084	
	City	State	Zip	
laving been named as registered slace designated in this certificate further agree to comply with the p un familiar with and accept the of	A hereby accept the uppositions of all statutes rebligations of my position By:	pointment as registe whating to the prop	ered agent and agree to act in er and complete performance it as provided for in Chapter to	this capacity. I = 32 of my duties, and I of 5m

Page 1 of 2

five business days prior to or 90 mg requirements, this date will not \$5,000,00 mins. S5,000,00 mins. contative of a member, 05,0203 (1) (b), Florida Statutes, ument to the Department of State 1.155, F.S.	
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Registered Agent	3 ₹ 5
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