L/6000/53057

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:





800288629128

08/09/16--01006--003 **125.00

08/17/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Seacrest Renovations LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Parish Name of Person
Seacrest Renovations LLC. Firm/Company
101425 Oberseas Highway, \$133
Seacrest renovations egmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Margo Montgomery at (365) 814-2044 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Seacrest Renovation	
(Must end with the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the	Limited Liability Company is:
D 1000 11	** *** * * * * * * * * * * * * * * * * *
Principal Office Address:	Mailing Address:
1014250 versens Highway #133	42 Youke Pattler Path
	Mailing Address: 42 Yearkee Pedilby Path Modison, CT 012443

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

Margo Montgomery
Name

101425 Overseas Highway 7#133

Florida street address (P.O. Box NOT acceptable)

Key Largo, FL 33037

City State Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMR	Michael Parish 101425 Oversas Highway, #133
AMBR	Margo Montgomeny
	101425 Charactes Highway \$133
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after	
	meet the applicable statutory filing requirements, this date will not be listed as
date of filing.) ite: If the date inserted in this block does not	
te date of filing.) Note: If the date inserted in this block does not ne document's effective date on the Department.	
e date of filing.) lote: If the date inserted in this block does not	

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael Parish
Typed or printed name of signee

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)