

L16000153325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

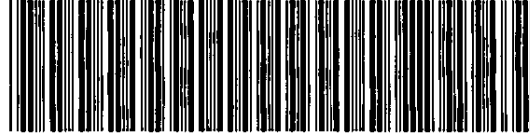
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
16 AUG -3 PM 4:13

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Bryan L. Albers

ATTORNEY AT LAW

P.O. Box 8652

Seminole, Florida 33775

(727) 397-4254 • E-mail blalbers@gmail.com

July 8, 2016

Florida Department of State
Division of Corporations
ATTN: Matthew T. Moon
P.O. Box 6327
Tallahassee, FL 32314

RE: 739 Seventh Street North LLC

Dear Mr. Moon:

Enclosed please find the Articles of Organization for 739 Seventh Street North LLC. I had sent in a check for \$375 together with the Articles of Organization for this LLC as well as 601 43rd Street South LLC and 4656 Ninth Avenue South LLC. This above referenced LLC was not processed. I had called your department and the person who answered the phone said that you may have the funds for this LLC in your control. Please register this LLC using the funds that I had sent. If you have any questions regarding this matter please contact me at the above address and/or phone number. Thank you for your consideration in this matter.

Sincerely,



Bryan L. Albers

RECEIVED

16 AUG -3 PM 1:13

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RECEIVED
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2016

ISAIAH H. SENEAL
334 LING A MOOR TERR S.
ST. PETERSBURG, FL 33704

SUBJECT: 601 43RD STREET SOUTH LLC
Ref. Number: W16000044369

RECEIVED
16 JUL 15 AM 11:11
TALLAHASSEE, FLORIDA

We have received your document for 601 43RD STREET SOUTH LLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the complete address for the individual listed as the authorized person(s).

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 716A00013074

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 739 Seventh Street North 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:

Isaiah H. Senecal

Name of Person

Firm/Company

334 Ling A Moor Terr S.

Address

St. Petersburg, FL 33704

City/State and Zip Code

isaiahsenecal@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Albers

727

397-4254

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

739 Seventh Street North LLC

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

ARTICLE II - Address:

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

Principal Office Address:

334 Ling a Mor Terrace South
St. Petersburg, FL 33704

Mailing Address:

334 Ling a Mor Terrace South
St. Petersburg, FL 33704

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:

Isaiah Senecal

Name

334 Ling a Mor Terrace S

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

St. Petersburg

FL

33704

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)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Isaiah H. Senecal, Trustee of Isaiah Senecal Living
trust dated June 8, 2016
334 Ling a Mor Terrace S; St. Petersburg, FL 33705

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X

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.

Isaiah H. Senecal

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)