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SECRETARY OF STATE TALLAHASSEE FLORIDA

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April 14, 2017

Department of State ATTN: New Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Oranization for Florida Limited Liability Corporation: Sea Bounty, LLC

To Whom It May Concern:

Enclosed please find two (2) copies of the needed incorporating documents and a money order in the amount of \$125.00, representing the requisite filing fee. Please process one for the issuance of a corporate charter and any other needed documents from your office and file stampe the other and return to:

Bernardo F. Arenas, III 14213 Banbury Way Tampa, FL 33624

A stamped self-addessed enveloped is enclosed for your convinience.. I look forward to your anticipated cooperation, and receipt of not only the file stamped copy, but also for the originanl incorporating documents. Thank you for your assistance and if your have any questions, feel free to contact me at (813) 417-1233..

Sincerely yours,

Bernardo F. Arenas, III

Registered Agent/Incorporator



April 21, 2017

BERNARDO F. ARENAS, III 14213 BANBURY WAY TAMPA, FL 33624

SUBJECT: SEA BOUNTY, LLC Ref. Number: W17000034407

We have received your document for SEA BOUNTY, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 817A00007780

April 21, 2017

17 MAY -8 PH 3: 01

BERNARDO F. ARENAS, III 14213 BANBURY WAY TAMPA, FL 33624

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INTEREST OF THE ENGLACES

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Neysa Culligan Regulatory Specialist II

Letter Number: 817A00007780

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contai	n the words. Limited Liab	inty Company,	or bec.)		
ARTICLE II - Address: The mailing address and street add	dress of the principal office	e of the Limited L	iability Company is:		
Principal	Office Address:		Mailing Address:		
14213 BAX	BURY WAY	140	213 BANGURY	WAY	
TAMPA, F	L 33674	77	MPA, FL 33	<u>624</u>	
ARTICLE III - Registered Ager (The Limited Liability Company canother business entity with an ac	annot serve as its own Reg			al or SE	a 65, 41
The name and the Florida street ac	ldress of the registered age	ent are:		A	
		F, A	RENAS, III	Y -8	*.¥\$
	14313 BA Florida street address (P.	N BURY O. Box NOT acc	way eptable)	PH IE: 21 OF STAT EE FLORI	
	TAMPA	FL	33624	20 ATE RIDA	
	City	State	Zin		

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager BERNARDO F. ARENAS, TO IRAE UOC MGR TAMPA. "MGR" AMBR AMBR 5. W. 68TH CT. CIA (Use attachment if necessary) _. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:

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.

BERNARD F. ARENAS, III - TRUSE
Typed or printed name of signce

han we be made a me

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)