

9/25/2017

2017-09-25 13:05:12 CST 16022072310 From CLS-2016-BELBFI Processing Fa-

Div of Corporate Fin

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000251478 3))



H170002514783ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address:

FLORIDA LIMITED LIABILITY CO.
M&R Seascape Rentals LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2000

17 SEP 25 PM 4: 37

Division of Corporations
Bureau of Commercial
Information Services

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

SEP 26 2017

ARTICLES OF ORGANIZATION OF M&R Seascape Rentals LLC

The name of the limited liability company is: M&R Seascapes Rentals LLC

The principal place of business address of this Limited Liability Company shall be: 122 Seascape Drive Unit 103, Miramar Beach, Florida 32550.

The principal place of mailing address of this Limited Liability Company shall be: 711 W Main St. 711, P.O. Box 103, Grafton, IL 62037.

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.

Date: September 21, 2017

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:

Rita Johnson, 711 W Main St PO Box 103, Grafton, Illinois 62037
Mike Johnson, 711 W Main St PO Box 103, Grafton, Illinois 62037

FAX AUDIT # H17000251478.3

2000

FAX AUDIT # H170002514783

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.


Rita Johnson, Organizer

Date: 9-22-17

Authorized Representative

(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.)

FAX AUDIT # H170002514783