# L17000210361

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Sea-King LegendS 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:
SHELDON E. GREAVES
Name of Person
SEA-CZAR LLC
Firm/Company
23128 MARSH LANDING BLVD.
Address
ESTERO / FLORIDA 33928
City/State and Zip Code SHELDON782001@YAHOO.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SHELDON GREAVES 239 850-5306
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ S155.00 Filing Fee & Certificate of Status

## 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

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	TCL	EI-	Name:

The name of the Limited Liability Company is:

SEA-KING LEGENDS LLC

(Must contain 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:	Mailing Address:
23128 MARSH LANDING BLVD.	23128 MARSH LANDING BLVD.
ESTERO, FL 33928	ESTERO, FL 33928

#### 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:

SHELDON E. GRE	AVES	
	Name	
23128 MARSH LA	NDING BLVD.	
Florida street addre	ss (P.O. Box <u>NOT</u> acce	ptable)
ESTERO	FLORIDA	33928
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# Name and Address: "AMBR" = Authorized Member "MGR" = Manager SHELDON E. GREAVES $AMBR_{-}$ 23128 MARSH LANDING BLVD. ESTERO, FL 33928 (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: 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. SHELDON E. GREAVES 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)

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

ARTICLE IV-