

# L18000031693

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

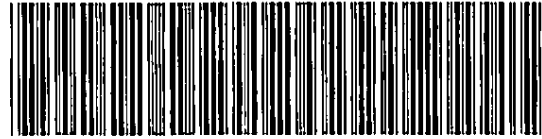
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100307823111

01/23/18--01003--004 \*\*160.00

FILED  
18 FEB -5 PM 1:05  
FEB 6 2018

N CULLIGAN

FEB 6 2018

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Sea Dreams landscape design  
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:

Daniel Goodwin

Name of Person

Sea Dreams landscape Design

Firm/Company

2110 University Dr South

Address

Clearwater, FL 33764

City/State and Zip Code

dgoodwin0624@gmail.com

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

For further information concerning this matter, please call:

Daniel Goodwin

Name of Person

at (224)

Area Code

383-4254

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 25, 2018

DANIEL GOODWIN  
2110 UNIVERSITY DRIVE SOUTH  
CLEARWATER, FL 33764

SUBJECT: SEA DREAMS LANDSCAPE DESIGN LLC.  
Ref. Number: W18000007903

We have received your document for SEA DREAMS LANDSCAPE DESIGN LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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: 818A00001692

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sea Dreams Landscape Design 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: MLR

Mailing Address: MLR

2110 UNIVERSITY DR SOUTH  
CLERHUR FL 33764

2110 UNIVERSITY DR SOUTH  
CLERHUR FL 33764

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:

MLR  
Danice Goodwin

Name

2110 UNIVERSITY DR SOUTH

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

CLERHUR FL 33764

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.

Danice Goodwin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
18 FEB -5 PM 4:05

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

~~AMBR~~ MGR

~~AMBR~~ MGR

AMBR

Daniel Goodwin MGR  
2110 University Dr South  
Clearwater FL 33764

Brady Weaver MGR  
2545 NE Coachman Rd. Apt. 174  
Clearwater, FL 33765

Kristin Goodwin AMBR  
2110 University Dr South  
Clearwater FL 33764

(Use attachment if necessary)

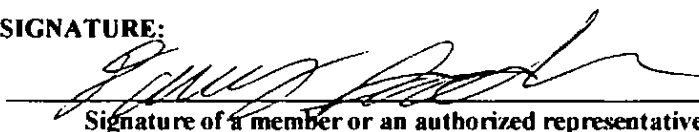
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

MGR

Daniel Goodwin

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)

18 FEB -5 PM 11:05