(Requestor's Name)				
(Address)				
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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T. SCHROEDER

COVER LETTER

	w Filing Section vision of Corporations	
		TUICES, LLC ited Liability Company
	Name of Lim	ted Dabinty Company
The enclose	d Articles of Organization and fee(s) are	submitted for filing.
Please return	n all correspondence concerning this mat	ter to the following:
-	TERRENCE .	Name of Person
	SEAKS SE	Firm/Company
	3301 SAGE	
	TDONFLAG	ty/State and Zip Code AOK COM Solven annual annual mobilization)
	E-mail address: (to be used	for future annual report notification)
For further in	formation concerning this matter, please	call:
TERRY	Name of Person Ar	ea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ling Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Cliffon Building	
	Tallahassee, FL 32314	266) Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SEALS SERVICES LLC
(Must contain the words "Limited Liability Company," L.L.C.," or "LLC.")

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

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

3301 SAGEE PLACE	E F	SAX	uE	
TAREA IVA GOLE	32309			
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered A	l Agent's Signature: gent. You must designate	an individual or	
The name and the Florida street address of the regi				
TERRE	ence V	DONOHUE		
	Name			
3301 S	AOXX PU	res		
Florida street address (P.O. Box NOT acceptable)				
TAL	. —	٧ 32	307	
City	State	Zip		
Having been named as registered agent and to accep place designated in this certificate, I hereby accept th further agree to comply with the provisions of all stat am familiar with and accept the obligations of my po	ne appointment as re tutes relating to the _l	rgistered agent and agree proper and complete perfo	to act in this capacity. I ormance of my duties, and I	
	•	_		

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Mailing Address:

ARTICLE IV-

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

"AMBR" Authorized Member	Name and Address:		
"MiR" = Manager A-MBA	JANEACE V SOMOTHER 3301 SAGER PLACE TALL FL. 32309		
(Use attachment if necessary)			
he date of filing.)	applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
	or an authorized representative of a member.		
I am aware that any false inform constitutes a third degree felony	nation submitted in a document to the Department of State or as provided for in s.817.155, F.S.		
турс	d 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)