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(Document Number)						
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#### **COVER LETTER**

TO:	New Filing Secti Division of Corp				
SUBJE	ст: <u>5еа</u>	Side Bu Name of L	ilding imited Liability	Set Vices Company	LLC
The enc	losed Articles of C	Organization and fee(s) a	are submitted for	or filing.	
Please r	eturn all correspor	idence concerning this n	natter to the fol	lowing:	
	Lou	idence concerning this r	Plourn Name of P	o y crson	·
	<u>Seas</u>	de Build	ins Sirm/Com	ervices pany	46
		29 175			
	Jup	iter FL	. 33	478 Zip Code	
	PFI E	mail address: (to be use	d for future an	il <u>LOM</u> nual report notificati	on)
For furthe		cerning this matter, plea		·	
	Phil Fl	of Person at (	<u><b>561</b></u> ) Area Code	262 - 55 Daytime Telephone	Number
Enclose	d is a check for the	e following amount:			
□\$125	.00 Filing Fee	□\$130.00 Filing Fee of Certificate of Status	Certifie	00 Filing Fee & I Copy copy is enclosed)	ES160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address

1 1 1

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

The name of the Limited Liability Company is:

Seaside Building Services LLC

(Must conatin 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:

Mailing Address: Principal Office Address:

#### 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:

Louis P. Flournoy

12629 175<sup>th</sup> 12d. N.
Florida street address (P.O. Box NOT acceptable)

Jupiter FL. 33478
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.,

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Filing Date ... (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,

**REOUIRED SIGNATURE:** 

Signature of a member 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.

Typed or printed name of signor

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)