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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

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

[remail	Address:		

## FLORIDA LIMITED LIABILITY CO. SEAGATE LUX, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Liability Company is:		
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SEAGATE LUX, LIE	3:∞ .	SE
LUX, LLC		70
ARTICLE II - Address:		
The mailing address as 1	S	
The mailing address and street address of the principal office Company is:	- 0-1	. >>
combany is:	of the Limited Liability	· <b></b>
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KEY LARGO FL 33037		
114860 FL 33037		
ARTICIEUT		
ARTICLE III - Registered Agent, Registered Office:		
the name and the Florida street address of the resistant		
The name and the Florida street address of the registered agen Company cannot serve as its own Registered Agent. You must designate an individual or on with an active Florida maintain and active Florida maintain active Florida maintain and active Florida maintain active	t are: (The Limitea Liability	•
Company cannot serve as its own Registered Agent. You must designate an individual or and with an active Florida registration.)	other business entity	
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KEY LARGO FL 33037		
1113 COROL FL 33037		
ARTICLE IV		
TR		
the name and title of each person authorized to manage and		
The name and title of each person authorized to manage and co Liability Company: (MGR or AMBR)	introl the Limited	
J TT-Party: (MOR OF AIMIDK)		
<b>A</b>		
CORTSPL COARCIA (MGR)		
COCKET TITLE OF	·	
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## Required Signatures:

Signature of a member or an authorized representative of a member.

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 berein 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.

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)