

L21000 494037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

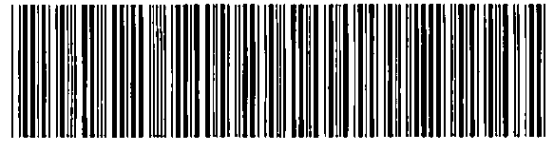
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SEMPER FI SEAWALL SERVICES, LLC

AR EMAIL: Semperfistev@gmail.com

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

ARTICLES OF ORGANIZATION
OF
SEMPER FI SEAWALL SERVICES, LLC

The undersigned, as the authorized representative of the initial member(s) of **SEMPER FI SEAWALL SERVICES, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the Company is **SEMPER FI SEAWALL SERVICES, LLC**

ARTICLE II
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

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

479 South Flagler Avenue, Suite 69
Pompano Beach, Florida 33060

ARTICLE III
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

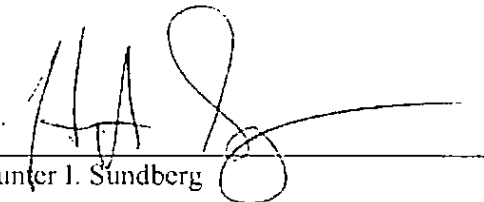
The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Hunter I. Sundberg, Esq
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301

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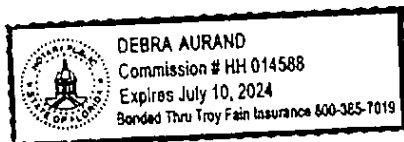
IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executed these Articles of Organization this 17th day of November, 2021




Hunter I. Sundberg

(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 herein 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.)

The foregoing instrument was acknowledged before me by means of X physical presence or ___ online notarization, on November 17 2021 by Hunter I. Sundberg, as registered agent for SEMPER FI SEAWALL SERVICES, LLC, a Florida limited liability company, on behalf of the company, who is personally known to me or has produced _____ as identification.



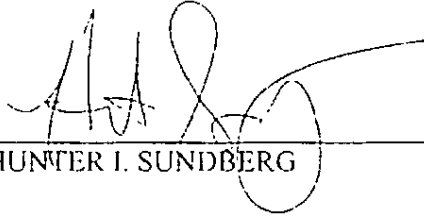


Notary Public - State of Florida
My Commission Expires:
Commission Number:

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ED

Having been named as registered agent and to accept service of process for SEMPER FI SEAWALL SERVICES, LLC, a Florida 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.

DATED this 17th day of November, 2021.



HUNTER I. SUNDBERG