

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((H22000171811 3)))



H220001718113ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 13 PM 2:33

FILED

40

FLORIDA LIMITED LIABILITY CO.
SEA-HOME GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

2022 MAY 13 AM 10:55

CORPORATIONS
COMMERCIAL
SERVICES

Electronic Filing Menu

Corporate Filing Menu

T. BURCH
MAY 13 2022
Help

(((H22000171811 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEA-HOME GROUP 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:Mailing Address:44 CAPISTRANO DR
ORMOND BEACH, FL 3217644 CAPISTRANO DR
ORMOND BEACH, FL 32176

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:

MARIELA YMANI GENAO

Name

44 CAPISTRANO DRFlorida street address (P.O. Box NOT acceptable)ORMOND BEACH FL 32176

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 13 PM 2:33

FILED

69

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..

Mariela Ymani Genao

Registered Agent's Signature (REQUIRED)

(CONTINUED)

((H22000171811 3)))

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

MARIELA YMANI GENAO

44 CAPISTRANO DR

ORMOND BEACH, FL 32176

AMBR

JOHN MATTHEW MARTINEZ

44 CAPISTRANO DR

ORMOND BEACH, FL 32176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 13 PM 2:33

FILED

(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:

Mariela Ymani Genao

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.

Mariela Ymani Genao

Typed or printed name of signee