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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	· ·
Certified Copies	Certificates	s of Status
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ALLAHASSEE, FLORI

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2022 HAY 16 AH 8

CAPITAL CONNECTION, INC.

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

SEASIDE GROUP HOLDINGS LLC	
	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
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: SETH 05/16/22	UCC 1 or 3 File
<u>U3/16/22</u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FILED

2022 MAY 16 AM 8: 46

Seaside	Group	Holdings	LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE TALLAHASSEE, FL

Principal	Office Address:		Mailin	<u> Address</u> :
501 Ist ave N. Unit)1 1st ave N.	
st petersburg 33701	FL FL		petersburg 3701	FL
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another business entity with an act	ive Florida registration dress of the registered Jimmy W Anders 501 1st ave N. un	n.) Lagent are: On Name it 901		te an individual c

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)

Registered Agent's Signature (REQUIRED)

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	n 1 1 20
AMBR	Federico Gimenez
	9011 tarnwood et Villa Rica GA 30180
AMBR	
ANIBR	John DellaDonna Jr
	609 39th Ave N st Petersburg FL 33703
	
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(Use attachment if necessary)	•
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for effective date to the edge of the date of the first of the date of the first of the date of the da	he date of filing: (OPTIONAL)
i an ellective date is listed, the date mus- le date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after
	es not meet the applicable statutory filing requirements, this date will not be listed a
te document's effective date on the Depar	riment of State's records
	mient of disce Treeviss.
RTICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	
77 7	M > A
VA De	UD-(I)
Signature o	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 an constitutes a third	by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
John A D	Delladona Jr
<u></u>	Typed 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 5.00 Certificate of Status (Optional)