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COVER LETTER

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Sea Oats, LLC					
Name of	Limited Liab	oility Company			
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orrespondence concerning this	s matter to th	e following:			
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	Name	of Person			-
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	Firm/0	Company			-
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. Joe. Florida 32456				-	7 2 HUL \$202
flovd@jpatrickflovd.com	City/State	and Zip Code			PH
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Whittemore	706	972-2230			
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Hailing Address New Filing Section Division of Corporations O. Box 6327		The Centre of Tallaha 2415 N. Monroe Stree	issee et, Suite 810		
	Sea Oats, LLC Name of des of Organization and fee(s) or operations and fee(s) or operations and fee(s) or operation and fee(s	Name of Limited Liab Ples of Organization and fee(s) are submitted for	Name of Limited Liability Company les of Organization and fee(s) are submitted for filing. strespondence concerning this matter to the following: ck Floyd Name of Person ffices J. Patrick Floyd, Chtd. Firm/Company and Address Joe, Florida 32456 City/State and Zip Code floyd@jpatrickfloyd.com E-mail address: (to be used for future annual report notificate on concerning this matter, please call: Whittemore 706 972-2230 Name of Person Area Code Daytime Telephon for the following amount: fee \$\Begin{small } \Bar{1} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Name of Limited Liability Company The sof Organization and fee(s) are submitted for filing. The sof Organization and fee(s) are submitted for filing. The sof Organization and fee(s) are submitted for filing. The sof Organization and fee(s) are submitted for filing. The sof Person The centre of Tallahassee 2415 N. Monroe Street, Suite 810	Name of Limited Liability Company les of Organization and fee(s) are submitted for filing. rrespondence concerning this matter to the following: ck Floyd Name of Person ffices J. Patrick Floyd, Chtd. Firm/Company mg Avenue Address Joe, Florida 32456 City/State and Zip Code floyd@jpatrickfloyd.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Whittemore at (706

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Niu	LLC st contain the words "Limited L	iability Company.	"L.L.C.," or "LLC.")	
RTICLE II - Address: ne mailing address and s	treet address of the principal of	fice of the Limited	Liability Company is:	
<u>P</u>	rincipal Office Address:		Mailing Add	ress:
408 Long Ave	nue	408	Long Avenue	
Port St. Ion E	orida 32456		St. Joe, FL 32456	
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own Fith an active Florida registration street address of the registered a	Registered Ager Registered Agent. \	nt's Signature:	ndividual or
RTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own F th an active Florida registration	Registered Ager Registered Agent. \	nt's Signature:	odividual or
ARTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own F th an active Florida registration street address of the registered a J. Patrick Floyd	Registered Ager Registered Agent. \	nt's Signature:	ndividual or
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ARTICLE III - Register The Limited Liability Co nother business entity w	ed Agent, Registered Office, & mpany cannot serve as its own F th an active Florida registration street address of the registered a J. Patrick Floyd 408 Long Avenue	Registered Ager Registered Agent. \(\) .) agent are:	nt's Signature: You must designate an ir	ndividual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Titte: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>M</u>GR Stewart Whittemore 105 Hilltop Dr. Chattanooga, TN 37411 <u>AMBR</u> Erin Whittemore 105 Hillton Dr. Chattanooga, TN 37411 (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, **REOUIRED SIGNATURE:**

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.

Stewart Whittemore

Typed or printed name of signee

Filing Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

LAW OFFICES

J. PATRICK FLOYD

CHARTERED

REPLY TO 408 LONG AVENUE POST OFFICE DRAWER 950 PORT ST. JOE, FLORIDA 32456-0950 (850) 227-7413

June 22, 2022

20 AVENUE D, SUITE 208
POST OFFICE BUILDING
APALACHICOLA, FLORIDA 32320
(850) 653-2709

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re:

113 Sea Oats, LLC

Dear Ladies and Gentlemen:

Enclosed please find my check made payable to Florida Department of State for \$125.00 for the filing fee for the above corporation along with Cover Letter and Articles of Organization for Florida Limited Liability Company.

Thank you in advance for filing this LLC and returning a copy to my office. I have enclosed a self-address, stamped envelope for your convenience. If you have any questions, please do not hesitate to give me a call.

Sincerely.

Law Offices J. Patrick Floyd

1. Patrick Floyd

JPF/pb

Enclosures: as stated