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(Requestor's Name)

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22 AUG 18 AM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SEAVAX PRO L.L.C.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUSTAVO DOPAZO
Name of Person

14951 ROYAL OAKS Ln. APT 502
Firm/Company

Address

NORTH MIAMI FLORIDA 33181
City/State and Zip Code

GUSDOPAZO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO DOPAZO at (1) 786-344-5678
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☒ \$130.00 Filing Fee & Certificate of Status
- ☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

22 AUG 18 AM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEAVAX PRO 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:

14951 ROYAL OAKS Ln. Apt. 502
NORTH MIAMI, FL. 33181

Mailing Address:

14951 ROYAL OAKS Ln. Apt. 502
NORTH MIAMI, FL 33181

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:

GUSTAVO DOPAZO

Name

14951 ROYAL OAKS Ln. Apt. 502

Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI FLORIDA 33181

City

State

Zip

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.

G. DOPAZO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 AUG 18 AM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR.

Name and Address:

GUSTAVO DORAZO
14951 ROYAL OAKS LN. APT. 502
NORTH MIAMI, FLORIDA 33181

(Use attachment if necessary)

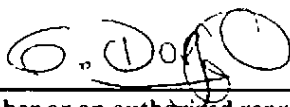
ARTICLE V: Effective date, if other than the date of filing: 09-01-2022 (OPTIONAL)

(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:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statute.
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.

GUSTAVO DORAZO.

Typed or printed name of signee

22 AUG 18 AM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fees:

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



FLORIDA DEPARTMENT of STATE

Prepaid Sunbiz E-File Account Application

Account Name: GUSTAVO DORAZO

Email Address: gusdorazo@yahoo.com

Mailing Address: 14951 ROYAL OAKS Ln Apt 502

City: NORTH MIAMI

State: FLORIDA Zip: 33181

Phone: 786-344-5678 Fax: _____

Contact Person: GUSTAVO DORAZO

Signature: G. Dorazo

Password: Gusty miami

(Letters and numbers only. Minimum length: 4 characters. Maximum length: 12 characters.)

22 AUG 18 AM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The Division of Corporations will email an account number to you after the application is processed.

Mailing Address
Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314