# L22000395705

(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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S. CHATHAM

SECRETARY OF STATE DIVISION OF CORPORATIONS

22 SEP 14 PM 3: 27

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2022 SEP 14 AM 10: 15

### COVER LETTER

то:	New Filing Sec Division of Co			
SUBJE	CT: 81 Seag			
		Name of Lim	ited Liability Company	
The enc	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please r	eturn all corresp	ondence concerning this mat	ter to the following:	
	DOLORE	S BURTON		,
			Name of Person	
	United Co	orporate Services, Inc		
			Firm/Company	
	100 State	Street, Suite 800		
			Address	
	ALBANY	NY 12207		
			ty/State and Zip Code	
		ikevitte.com	for future annual report notificati	
		·	·	Oit)
or turth	er information co	ncerning this matter, please	call:	
		at (	)	
	Nam	ne of Person Ar	ea Code Daytime Telephon	e Number
Enclose	ed is a check for t	he 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)
		ng Address	Street Address	
		iling Section on of Corporations	New Filing Section Di The Centre of Tallaha	
		Sox 6327	2415 N. Monroe Stree	
	Tallah	assee, FL 32314	Tallahassee, FL 3230	

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 9-14-22	<del></del>	**WALK IN**
ENTITY NAME_ 81 S	Seagate, LLC	
DOCUMENT NUMBE	R	
	**PLEASE FILE 1	THE ATTACHED AND RETURN**
	Plain Copy  Certified Copy	
	Certificate of Status	
	**PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts	s & Amendments
<del></del>	• • •	s & Amendments Complete File (Including Annual Reports)
	Certificate of Status Certificate of Status i	Reflecting:
	**APOSTILLE'/	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA NUMBER OF CERTIFIC		
TOTAL OWED \$	55007	ACCOUNT # I20140000108 Cuth United Corporate Services, Inc.

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

81 Seagate, LLC			
(Mus	t contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal office	of the Limited Liability Company is:	
<u>Pr</u>	incipal Office Address:	Mailing Address:	
1065 Borghese L	ane, Unit 2102	1065 Borghese Lane, Unit 2102	
The Limited Liability Cor	d Agent, Registered Office, & R	Naples, FL 34114  Legistered Agent's Signature: gistered Agent. You must designate an individual or	22 SE
ARTICLE III - Registere The Limited Liability Cor another business entity with	d Agent, Registered Office, & R	egistered Agent's Signature: jistered Agent. You must designate an individual or	SEP 14
ARTICLE III - Registere (The Limited Liability Cor another business entity with	od Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.)  Street address of the registered age	egistered Agent's Signature: jistered Agent. You must designate an individual or	
ARTICLE III - Registere (The Limited Liability Cor another business entity with	od Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.)  Street address of the registered age	egistered Agent's Signature: istered Agent. You must designate an individual or ent are:	
ARTICLE III - Registere (The Limited Liability Cor another business entity with	od Agent, Registered Office, & Repany cannot serve as its own Registration.)  street address of the registered age  Chris Covelli  Na  1065 Borgnese Lane, Unit 2	egistered Agent's Signature: istered Agent. You must designate an individual or ent are:	
ARTICLE III - Registere (The Limited Liability Cor another business entity with	od Agent, Registered Office, & Repany cannot serve as its own Registration.)  street address of the registered age  Chris Covelli  Na  1065 Borgnese Lane, Unit 2	egistered Agent's Signature: gistered Agent. You must designate an individual or ent are: ame	P

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..

/s/ Chris Covelli

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### ARTICLE IV-

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

1100		Object County	
MGR	<del></del>	Chris Covelli 1065 Borghese Lane, Unit 2102	
		Naples, FL 34114	
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	ment if necessary)		3:27
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CLE V: Effective date is the of filing.) If the date insecument's effective CLE VI: Other	ive date, if other than the s listed, the date must be erted in this block does tive date on the Departm provisions, if any.  D SIGNATURE:  /s/ Chris Covelli  Signature of This document is experience.	date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior to or 90  not meet the applicable statutory filing requirements, this date will not ment of State's records.	27

#### Filing Fees:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)