

L23000278078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

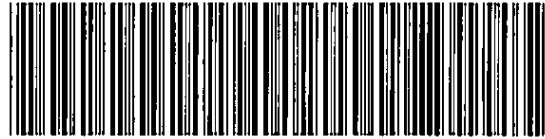
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN 8 PM 2:44

2023 JUN 8 PM 11:27

CAPITAL CONNECTION, INC.

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

SeaPD, LLC

Please Debit 120000000257 For: *ISS*

Thank you Seth Neeley *SN*



Signature

Requested by: SETH 06/05/23

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

- _____ 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 _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ScaPD, LLC
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:

Tara M. O'Connor, Esquire

Name of Person

O'Connor Law Group, P.A.

Firm/Company

10220 U.S. Highway 19 Suite 110

Address

Port Richey, Florida 34668

City/State and Zip Code

keithfuelling@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara M. O'Connor at (727) 841-6991
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SeaPD, LLC

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Please return all correspondence concerning this matter to the following:

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Name of Person Area Code Daytime Telephone Number

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☐ \$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

ARTICLES OF ORGANIZATION FOR

SeaPD, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **SeaPD, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office address of the company is **7729 Grand Boulevard, Port Richey, Florida, 34668**

2023 Jun -6 AM 11:27

SEA
PD, LLC

- 1

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **Tara M. O'Connor, Esquire, 10220 U.S. Highway 19, Suite 110, Port Richey, Florida 34668**

ARTICLE IV: AUTHORIZED MEMBERS

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

Keith Fuelling, Authorized Member, 7729 Grand Boulevard, Port Richey, Florida, 34668
Mark Zawila, Authorized Member, 7729 Grand Boulevard, Port Richey, Florida, 34668
Yesenia Robles, Authorized Member, 7729 Grand Boulevard, Port Richey, Florida, 34668
Saloomch Zawila, Authorized Member, 7729 Grand Boulevard, Port Richey, Florida, 34668

The undersigned has executed these Articles of Organization for filing purposes this 7TH day of June 2023.

/S/ Tara M. O'Connor, Esquire.

Authorized Representative

2023 JUN -8 AM 11:27
TARA
O'CONNOR

D

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **SeaPD, LLC**
2. The name and street address of the registered agent and office is:

Tara M. O'Connor, Esquire.
10220 U.S. Highway 19, Suite 110.
Port Richey, Florida 34668

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ Tara M. O'Connor, Esquire.

Tara M. O'Connor, Esquire.

2023 JUL -6 AM 11:27

ED