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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
SEAGEM BUILDERS LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SEAGEM BUILDERS 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:

Mailing Address:

3 CLEMENT COURT
PALM COAST, FL 32137

1022 YONKERS AVE
YONKERS, NY 10704

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:

LOUIS VITUCCI

Name

3 CLEMENT COURT

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

PALM COAST

FL

32137

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 603, F.S.,

/s/ LOUIS VITUCCI

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV.

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

LOUIS VITUCCI

3 CLEMENT COURT

PALM COAST, FL 32137

(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.

REQUIRED SIGNATURE:

/s/LOUIS VITUCCI

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.817.135, F.S.

LOUIS VITUCCI

Typed or printed name of signee

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176381

FROM Avi Weiss

DATE 2024/01/16 13:57:52 CST

RE MARCUS432LLC

COVER MESSAGE

CTA Requirements: Effective 01/01/2024, entities may be required to file a Beneficial Ownership Information Report with FinCEN. If you determine that RASi is one of your Company Applicants, we have provided the applicable FinCEN ID number on your RASi service invoice. For more information on the CTA and how RASi can assist, click [here](#).

**Avi Weiss***Filing Administrator, Corporate Team 5*corporateteam5@rasi.com

Registered Agent Solutions, Inc. A Lexitas Company

800-906-9220 Phone

800-906-9880 Fax

100 Wall Street, Suite 1401, New York, NY 10005

www.rasi.com**Sign up for CTA compliance today!**

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