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Sunshine State Corporate Compliance Company

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OS/11/2022	•		******
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NTITY NAME SEA EC	CHO ASSOCIATES LL	_C	
			
OCUMENT NUMBER_			
	PLEASE FILE THE	FATTACHED AND RETURN	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
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	APOSTILLE' / NU	OTARIAL CERTIFICATION	
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NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$125		ACCOUNT #: I2016000007	2
		S R FM	
Please call Ting at ti	ke above number kor a	ny issues or concerns. Thank you so	o much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SEA ECHO A	SSOCIATES LLC		
(Must co	ontain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stree	t address of the principal of	office of the Limited	d Liability Company is:	
Principal Office Address:			Mailing Address:	
1615 BLUE WATER TERRACE LAUDERDALE BY THE SEA, FL, 33062			5 BLUE WATER TERRACE UDERDALE BY THE SEA, FL, 33062	
				
another business entity with a	any cannot serve as its own in active Florida registration	n Registered Agent. on.)	ent's Signature: You must designate an individual or	
(The Limited Liability Compa	any cannot serve as its own an active Florida registration et address of the registere	n Registered Agent. on.) d agent are:	ent's Signature: You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration et address of the registere	n Registered Agent. on.)	ent's Signature: You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration et address of the registere	n Registered Agent. on.) d agent are: Eric Coffman	ent's Signature: You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own an active Florida registration et address of the registere	n Registered Agent. on.) d agent are: Eric Coffman Name 4th Street, Suite 36	You must designate an individual or	
(The Limited Liability Compa another business entity with a	any cannot serve as its own active Florida registration et address of the registere	n Registered Agent. on.) d agent are: Eric Coffman Name 4th Street, Suite 36	You must designate an individual or	

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/ Eric Coffman

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u>		Name and Address:
"AMBR" = Autho		
"MGR" = Manage	er	
MGR		Yousef Botros 1615 BLUE WATER TERRACE
		LAUDERDALE BY THE SEA, FL, 33062
201 1 1	r ,	
(Use attachment is	i necessary)	
the document's effective da	ate on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provis	sions, if any.	
REQUIRED SIG	SNATURE:	
		Yousef Botros
1:	his document is execu am aware that any falso	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
		Yousef Botros E
		Typed or printed name of signee
6488 00 FW		Filing Fees:
		ganization and Designation of Registered Agent
	ed Copy (Optional) cate of Status (Optior	nal)
3 5.00 Certino	rate of Status (Ohtioi	iai)