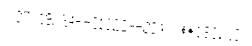
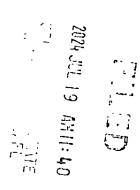


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to raining Officer.

Office Use Only







COVER LETTER

	w Filing Sec vision of Co				
SUBJECT:	Sebastian (Caal LLC			
		Name of Li	mited Liabil	ity Company	
The enclose	d Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retur	n all correspo	ondence concerning this m	atter to the	ollowing:	
	Sebastian Ca	al			
•			Name of	Person	
	Sebastian Ca	al LLC			
•			Firm/Co	mpany	
	569 Poinciar	oa Dr			
•			Addr	ess	
	Sarasot, Flor	ida 34236			
	unleabustiun(City/State an	d Zip Code	
		096@gmail.com E-mail address: (to be used	1 for future a	nnual report notificati	ion)
For firether in		ncerning this matter, pleas		inidai report notriteat	ion)
TOT TUITUIC! III	iormation co	ncerning this matter, pleas	e can:		
\$	Sebastian Caa	al 8	43	432-8898	
	Nam	e of Person A	rea Code	Daytime Telephon	e Number
Enclosed is	a check for t	ne following amount:			
≅\$125.001	Filing Fee	S\$130.00 Filing Fee & Certificate of Status		5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address

New Filing Section Division The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Mailing Address

P.O. Box 6327

New Filing Section
Division of Corporations

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sebastian Caal LLC (Must contr	ain the words "Limited	Liability Company "	LEC "or"LC"	
(wust come	am die words izmitted	тластиу Сотрану.	ranca or race.	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited I	Liability Company is:	
Principa	al Office Address:		Mailing Add	ress:
569 Poinciana Drive		569 P	oinciana Drive	
Sarasota, FL 34236		Saraso	ota, FL 34236	
•	ective Florida registrati	on.)	ou must designate an in	dividual or
another business entity with an a The name and the Florida street a	active Florida registrati address of the registere Sebastian Caal	on.) ed agent are: Name	ou must designate an in	dividual or
•	active Florida registrati address of the registere Sebastian Caal 569 Poincianna Driv	on.) ed agent are: Name		dividual or
•	active Florida registrati address of the registere Sebastian Caal 569 Poincianna Driv	on.) d agent are: Name		dividual or
another business entity with an a	address of the registere Sebastian Caal 569 Poincianna Driv Florida street addre	on.) ed agent are: Name ve ss (P.O. Box NOT acc	ceptable)	dividual or

(CONTINUED)

2024 JUL 19 1211: 40

ARTICLE IV-

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

IBR" = Authorized Member IR" = Manager MBR Sebastian Caal 569 Poicianna Sarasota, Florida 34236 attachment if necessary) Effective date, if other than the date of filing:	
ABR Sebastian Caal 569 Poicianna Sarasota, Florida 34236 attachment if necessary) Effective date, if other than the date of filing:	
attachment if necessary) Effective date, if other than the date of filing:	
attachment if necessary) Effective date, if other than the date of filing:	
attachment if necessary) Effective date, if other than the date of filing:	
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attachment if necessary) Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:	man i i
Effective date, if other than the date of filing:	PIZALIA E
date inserted in this block does not meet the applicable statutory filing requirements, this is effective date on the Department of State's records. Other provisions, if any.	iis date will not
DUIRED SIGNATURE:	
They	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Floridam aware that any false information submitted in a document to the Departm	orida Statutes.
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b), Florida.	orida Statutes.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Floridam aware that any false information submitted in a document to the Departm constitutes a third degree felony as provided for in s.817.155, F.S.	orida Statutes.
Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florid I am aware that any false information submitted in a document to the Departm constitutes a third degree felony as provided for in s.817.155, F.S. Sebastian Caal	orida Statutes.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Floridam aware that any false information submitted in a document to the Departm constitutes a third degree felony as provided for in s.817.155, F.S.	orida Statutes. riment of State
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Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Florid I am aware that any false information submitted in a document to the Departm constitutes a third degree felony as provided for in s.817.155, F.S. Sebastian Caal	orida Statutes.

as

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE	Sebastian	Caal LLC			
00001		Name	of Limited Li	ability Company	
The end	closed Articles o	f Organization and fe	e(s) are submi	tted for filing.	
Please i	return all corresp	ondence concerning	this matter to t	he following:	
	Sebastian C	aal			
			Name	e of Person	
	Sebastian C	aal LLC			
			Firm	/Company	
	569 Poincia	ma Dr			
			A	ddress	
	Sarasot, Flo	orida 34236			
		00601	City/State	and Zip Code	· · · · · · · · · · · · · · · · · · ·
	caaisebastian	096@gmail.com			
				re annual report notificat	10n)
For furth	er information c	oncerning this matter,	please call:		
	Sebastian Ca	aal	843 at (432-8898	
	Nar	ne of Person	Area Cod	e Daytime Telephon	e Number
Enclose	ed is a chack for	the following amount			
■\$ 125	.00 Filing Fee	S130.00 Filing Certificate of Stat	rus Cei	\$155.00 Filing Fee & rified Copy ional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address		Street Address	
	New I	Filing Section		New Filing Section D	ivision
		on of Corporations		The Centre of Tallaha	assee 2
		Box 6327 bassee, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sebastian Caal I	.LC		
	contain the words "Limited Lial	bility Company, "l	L.L.C.," or "LLC.")
ARTICLE II - Address:			
	eet address of the principal offic	ce of the Limited L	iability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
		560 D	oinciana Drive
569 Poinciana D	rive	30910	Juiciana Dilve
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.)	Sarasc Registered Agent egistered Agent. Yo	ota, FL 34236 's Signature:
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.)	Sarasc Registered Agent egistered Agent. Yo	ota, FL 34236 's Signature:
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Sebastian Caal	Sarasc Registered Agent egistered Agent. Yo	ota, FL 34236 's Signature:
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Sebastian Caal	Registered Agent egistered Agent. You gent are:	ota, FL 34236 's Signature:
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Sebastian Caal	Registered Agent gistered Agent. You	's Signature: ou must designate an individual
Sarasota. FL 34 ARTICLE III - Registered The Limited Liability Communother business entity with	Agent, Registered Office, & I pany cannot serve as its own Re an active Florida registration.) reet address of the registered ag Sebastian Caal N 569 Poincianna Drive	Registered Agent gistered Agent. You	's Signature: ou must designate an individual

H pi fil he ndIam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

TOPICAL OF WALL TO

ARTICLE IV-

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

"AMBR" = Au "MGR" = Mau <u>AMBR</u>	_			
	_			
<u>AMBR</u>				
		Sehastian Caal		
		Sebastian Caal 569 Poicianna		
		Sarasota, Florida 34236		
·				
	·			
	nt if necessary)			
iccurc date is i			00.1	
of filing.)		specific and cannot be more than five business days prior to		-
of filing.) If the date insert	ed in this block does no	ot meet the applicable statutory filing requirements, this date w		-
of filing.) If the date insert		ot meet the applicable statutory filing requirements, this date w		-
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