

W5000047115

Florida Department of State
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DIVISION OF CORPORATION

to:

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Fax Number : (850)205-0383

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Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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LIMITED LIABILITY COMPANY

watermen pines, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: **WATERMEN PINES, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **8045 NW 155 STREET**

City, State & Zip: **MIAMI LAKES, FL 33016**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

EDDY GARCIA

Name

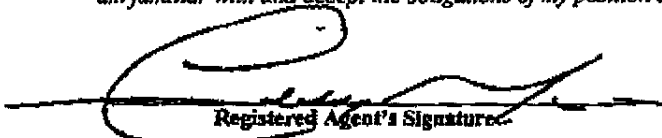
8045 NW 155 STREET

Address (P.O. Box NOT Acceptable)

MIAMI LAKES, FL 33016

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 608, F.S.

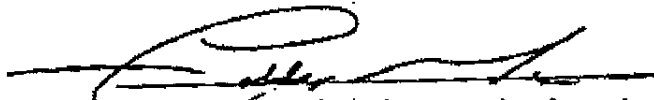

Registered Agent's Signature

Date 05/11/2005

Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. **EDDY GARCIA, 8045 NW 155 STREET, MIAMI LAKES, FL 33016**

2.



Signature of a member or an authorized representative of a member.
In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

EDDY GARCIA

Typed or printed name of signee

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