LO 60000 65586

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(C	ty/State/Zip/Phone#)
	F	
T PICK-OP	MAIT	MAIL
(Bi	siness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		1124
<u> </u>		
	Office Use Only	Kai



400077511144

07/20/06--01018--009 **25.00

05 JUL 20 AH II: 11

COVER LETTER

TO: Regista Divisio	ration Section on of Corporations	-	•	
SUBJECT: V	VATERMAN VISION, LL	c (LOG	,0000655	<u>86</u>)
	(Name o	f Limited Liability Co.	mpany)	
Dear Sir or Mad	dam:			
The enclosed A	rticles of Correction and fee(s) a	re submitted for filing.		
Please return al	l correspondence concerning this	matter to the following	g:	
SCOTT B.	BARLOGA, ESQ.			· - - · ·
	(Name of Person)	<u>.</u>		F02 5
POPE & BA	RLOGA, P.A.		_ .	ns JUL 20 MILL: 1
	(Firm/Company)			
438 N COVE			_	GF ST
	(Address)			語二
PANAMA CI	TY, FL 32401		_	₽
	(City/State and Zip Code)			
For further info	mation concerning this matter, p	olease call:	·	
SCOTT B. BA	ARLOGA, ESQ.	at (_850	784-9174	·
	(Name of Person)	(Area Code &	& Daytime Telephone Number)	
Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, Flo	rporations g c Center Circle orida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a c	check for the following amount:	:		
☑ \$25 Filing F	ee \$\Bigcup \\$30 \text{Filing Fee & Certificate of Status}\$	\$55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy	

CR2E062 (08/05).

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST WATER	: T	he name of the	limited liab	ility compa	any is:	· · · · · · · · · · · · · · · · · · ·	, ,,_, , ,,,,		
SECO	<u>ND</u> : T	he articles of or	rganization	or the appl	ication to	transact busin	ess	*	
(CH	ECK TH	E APPROPRIA	TE BOX A	ND COMPI	LETE TH	E APPLICAB	LE STATE	MENT	<u>C</u>
Ø	incorrect	an incorrect sta , and the correct E OF THE LIMITE	ted stateme	nt are as fo	llows:	•		nt is	 .
	THE "S" V	VAS INADVERTE	ENTLY LEFT	OFF THE N	AME IN TH	IE ORIGINAL F	ILING.		بغوس .
	THE NAM	ME OF THE LIMI	TED LIABIL	ITY COMPA	ANY IS: W	ATERMAN VIS	SIONS, LLC	56. 56. 50. 50.	06/JUL - E
	OR Was defe	ectively signed.	The manne	er in which	譚· the docur	nent was defe	ctively gior	A CANA	DO MI
		opriate correction				110111 77 110 1101	· · · · · · · · · · · · · · · · · · ·	E A	7 =
					, <u>,</u> ,	; ·•			
		· · · · · · · · · · · · · · · · · · ·			72	• •		-	
			21		·	** * * * * * * * * * * * * * * * * * *		•	
					·- <u>·</u>	.	F 4	-	- 4
Dated:	JULY 19	<u> </u>			2006				
		Sh	431	Gm		्र सङ्गी । 			•
		Signature of a	member or	authorized	representa	ative of a men	nber		trefe me -
	<u> </u>	SCOTT B. BAR							***
			Typed or p	printed nan	ne of sign	ee	• •	· <u>-</u>	

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

Electronic Articles of Organization For Florida Limited Liability Company

L06000065586 FILED 8:00 AM June 29, 2006 Sec. Of State mthomas

Article I

The name of the Limited Liability Company is: WATERMAN VISION, LLC

Article II

The street address of the principal office of the Limited Liability Company is: 237 CAMP CREEK ROAD SANTA ROSA BEACH, FL. US 32459

The mailing address of the Limited Liability Company is:

P.O. BOX 4876 SEASIDE BRANCH SANTA ROSA BEACH, FL. US 32459

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

SCOTT H WITCOSKI 237 CAMP CREEK ROAD SANTA ROSA BEACH, FL. 32459

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.

Registered Agent Signature: SCOTT H. WITCOSKI

Article V

--

The name and address of managing members/managers are:

Title: MGRM SCOTT H WITCOSKI P.O. BOX 4876 SANTA ROSA BEACH, FL. 32459

Signature of member or an authorized representative of a member Signature: SCOTT B. BARLOGA

L06000065586 FILED 8:00 AM June 29, 2006 Sec. Of State mthomas