110000044524

(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:					

Office Use Only



100201414941

04/13/11--01034--016 **130.00

FILED 11 APR 13 AM 11:58 SECRETARSEE, FLORIDA

J. BRYAN

APR 1 4 2011

EXAMINER

COVER LETTER

то:	Registration S Division of Co				
SUBJ	_{iECT:} Break	water PC Service	es, LLC		
		Name of Limite	d Liability Co	mpany	
The e	nclosed Articles of	f Organization and fee(s) are s	submitted for fi	iling.	
Please	e return all corresp	ondence concerning this matte	er to the follow	/ing:	
	W. James	s Hamel			
			Name of Person	i	
	Breakwat	er PC Services L	LC		超温力
			Firm/Company		野 ラ ト
	2030: Cat	ine Circle			CRETARY OF STATE
			Address		7.0
	Navarre, Fl	_ 32566			LORITE
			/State and Zip C	Code	
	Breakwaterl	PC@gmail.com			
		E-mail address: (to be used for	or future annual	report notification	n)
For fu	rther information	concerning this matter, please	call:		
W. J	James Hame	I	at (802	310894	0
	Name o	of Person	Area C	ode & Daytime T	Telephone Number
Enclo	sed is a check fo	r the following amount:			
\$125.0	0 Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	Certified (iling Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661 I	/Courier Address ration Section on of Corporati n Building Executive Center lassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ity Company, "L.L.C.," or "LLC.")						
Breakwater PC Services, LLC	美元 3						
(Must end with the words "Limited Liabili	ty 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:						
J⊘30 Catline Circle	ୟ୦3 ୦ Catline Circle						
Navarre, FL 32566	Navarre, FL 32566						
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: W. James Hamel							
Name							
ର୍ପ Catline Circle							
Florida street address (P.O. Box NOT acceptable)							
Navarre	_{FL} 32566						
City, Sta	te, and Zip						
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S						

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): CECRETARY OF STA The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR W. James Hamel LADC 2030 Catline Circle Navarre, FL 32566 MGRM Kirsten Hamel ವ**ಿ3©** Catline Circle Navarre, FL 32566 (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.)

REQUIRED SIGNATURE:

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. 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.817.155, F.S.)

W. James Hamel

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2