## #L 14000156986

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K. SALY EXAMINER

OCT -8 2014

## · COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	Ann E Waters, L.L.C.
	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	Ann BlizaBETH Waters Name of Person
	Ann E Waters, L.L.C.  Firm/Company
-	Firm/Company
_	1500 5th Street West
	Address
_	Palmetto, FL 34221
	City/State and Zip Code
	Address Palmetto, FL 3421  City/State and Zip Code  dictatecollaron Cyahod-Com  E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
Ann	Name of Person at (941) S44-9737  Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□ \$125.00 Fili	ing Fee S130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					3
The name of the Limited	Liability Company is:	:			
	Ann	E Water	S, L.L.C.		3 7
(M	ust end with the words	s "Limited Liabil	ity Company, "L.L.C.,	" or "LLC.")	The same of the sa
ARTICLE II - Address The mailing address and		orincipal office of	f the Limited Liability	Company is:	THOU S PARSON
Principal Office Addre	ss:	Ma	iling Address:		
BOO STAST. W Palmetto, F	lest L 34221		500 5 <sup>th</sup> St almetto, FL 3	west 34221	
ARTICLE III - Registe (The Limited Liability C another business entity	ompany cannot serve	as its own Regist			individual or
The name and the Florid					
	Ann El	izuseTH W	Javters		
-	111.10	Name		_	
	Ann El 1500 5 <sup>th</sup>	St. West	-		
-	Florida street address	(P.O. Box NOT		_	
	Palmetto,	FL .	34221		
-	City	<u></u>	Zip	_	
capacity. I further agr	in this certificate, I her ee to comply with the p n familiar with and acc	reby accept the approvisions of all s	oppointment as registere tatutes relating to the p ns of my position as reg , F.S	d agent and a proper and co	ngree to act in this mplete performance
	(C	CONTINUED)			

Page 1 of 2

Title:	Name and Address:
AMBR" = Authorized Member MGR" = Manager AMB R / MC R.	0 -1 116,000
IMBR / MGR	Ann Elizabeth Worders
	Painetto, FL 3422/
	Co.
	F.
<u> </u>	
Jse attachment if necessary)	
V: Effective date, if other than the date of tive date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	
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