

L020000033183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

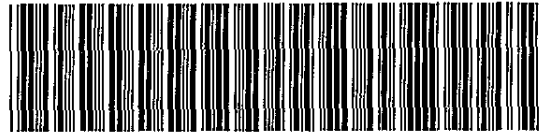
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900009338139

12/11/02--01036--020 \*\*125.00

RECEIVED

02 DEC 11 AM 11:50

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

02 DEC 11 PM 1:52

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

BK

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- PatMar Waters, L.L.C.
- 2-
- 3-
- 4-

- ☒ Walk-in      ☐ Pick-up time ASAP      ☐ Certified Copy  
☐ Mail-out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**

of

**PatMar Waters, L.L.C.**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

PatMar Waters, L.L.C.

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

11810 U.S. 19  
Port Richey, Florida 34668

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature:**

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

Kent Runnells, P.A.

Name

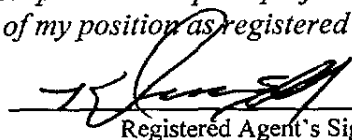
101 Main Street, Suite A

Florida street address (P.O. Box NOT acceptable)

Safety Harbor, Florida 33618

City, State and Zip

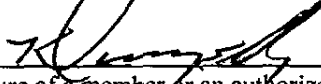
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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.



\_\_\_\_\_  
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.)

Kent B. Runnells

\_\_\_\_\_  
Typed or printed name of signee

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S. J. HILL