

L02000033457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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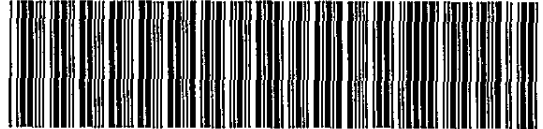
(Business Entity Name)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

December 3, 2002

JONI GOODIN
PO BOX 4893
KEY WEST, FL 33041

SUBJECT: KEY WEST MERMAID, LLC
Ref. Number: W02000033931

We have received your document for KEY WEST MERMAID, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 202A00064246

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**JONI GOODIN
P.O. BOX 4893
KEY WEST, FL 33041**

November 26, 2002

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314


To Whom It May Concern:

Enclosed please find Articles of Organization for Key West Mermaid, LLC. Also enclosed is \$125.00 as payment for the Filing Fee and Designation of Registered Agent. Please forward any correspondence to:

JONI GOODIN
P.O. BOX 4893
KEY WEST, FL 33041

Thank you for your assistance.

Sincerely,


Enclosures

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

"KEY WEST MERMAID, LLC"

ARTICLE II - Address:

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

P.O. Box 4893

KEY WEST FL 33041

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KAREN CABANAS, ESQ
Name
317 WHITEHEAD STREET
Florida street address (P.O. Box **NOT** acceptable)
KEY WEST FL 33040
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 as provided for in Chapter 608, F.S..

[Signature]
Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)

[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.)

Joni Goodin

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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