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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

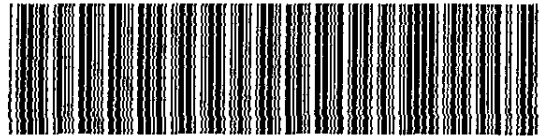
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LAW OFFICES  
**SHULER AND SHULER**  
34 FOURTH STREET  
POST OFFICE DRAWER 850  
APALACHICOLA, FLORIDA 32329

ALFRED O. SHULER  
J. GORDON SHULER  
THOMAS M. SHULER

TELEPHONE: (850) 653-9226  
FACSIMILE: (850) 653-3382

January 28, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Waterstreet Marina of Apalachicola, LLC

Dear Sir/Madam:

Enclosed you will find the Articles of Organization for Waterstreet Marina of Apalachicola, LLC. You will also find a check in the amount of \$125.00 for your filing fee.

Thank you for your attention to this, and please let me know if you need any additional information.

Sincerely,

*Thomas M. Shuler*  
Thomas M. Shuler, Secretary

TMS:mm  
Enc:as Stated  
xc: client

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Waterstreet Marina of Apalachicola, LLC

## ARTICLE II - Address:

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

17 1/2 Avenue E  
Apalachicola, Florida 32320

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

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

<u>Selena Phipps</u>	_____
Name	
<u>17 1/2 Avenue E</u>	_____
Florida street address (P.O. Box <u>NOT</u> acceptable)	
<u>Apalachicola</u>	<u>FL</u> <u>32320</u>
City, State, and Zip	

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*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.*

*Selena Phipps*  
Registered Agent's Signature

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

*Thomas M. Shuler*  
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.)

Thomas M. Shuler  
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)