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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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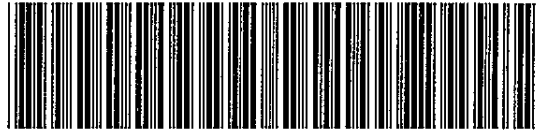
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03 0000:22177 8/4/03 Jm

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERS EDGE, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JENNIFER M. WATERS
(Name of Person)

N/A
(Firm/Company)

6401 S. WESTSHORE BLVD. #1617
(Address)

TAMPA, FL 33616
(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER WATERS at (813) 363-8673
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 6, 2003

JENNIFER WATERS
6401 S. WESTSHORE BLVD. #1617
TAMPA, FL 33616

SUBJECT: WATERS EDGE L.L.C.
Ref. Number: W03000022177

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for WATERS EDGE L.L.C. and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The attached form must be completed in order to file the document.

Please list the company name in article one of your articles of organization for florida limited liability company.,

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 603A00045030



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 26, 2003

JENNIFER M. WATERS
6401 S. WESTSHORE BLVD. #1617
TAMPA, FL 33616

SUBJECT: WATERS EDGE L.L.C.
Ref. Number: W03000024253

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2003 SEP -5 PM 4:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for WATERS EDGE L.L.C., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 403A00048059

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: WATERS EDGE L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6401 S. WESTSHORE BLVD #1617
TAMPA, FL 33616

Mailing Address:

6401 S. WESTSHORE BLVD #1617
TAMPA, FL 33616

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

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

JENNIFER M. WATERS
Name
6401 S. WESTSHORE BLVD #1617
Florida street address (P.O. Box **NOT** acceptable)
TAMPA, FL 33616
City, State, and Zip

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

Jennifer M. Waters
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JENNIFER M. WATERS
6401 S. WESTSHORE BLVD #1617
TAMPA, FL 33616

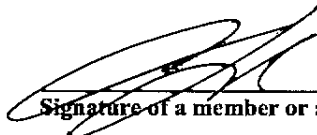
MGRM

CHRISTOPHER D. LANGLORD
6401 S. WESTSHORE BLVD #1617
TAMPA, FL 33616

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

CHRISTOPHER D. LANGLORD

Typed or printed name of signer

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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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA