# 104-000010958

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<u></u>
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
	•	
(Doc	ument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		du
		7
	Office Use Onl	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\



400027945644

U2/02/04--01043--005 \*\*125.00



# TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: Waterdrop Media 110 (Name of Limited Liability Company)	***************************************	
The enclosed Articles of Organization and fee(s) are submitted for filing.		
the enclosed Afficies of Organization and fee(s) are sublimited for iming.		
Please return all correspondence concerning this matter to the following:		
Heidi M. Llewellyn (Name of Person)	· <del></del>	
(realite of t ersory		
Waterdrop Media (Firm/Company)		
(Firm/Company)	<del></del>	
748 Ballard Dr.	TASE O	<b>;</b>
(Address)	FEB JALLY AHA	H. C.
Melbourne, F1 32935	B-2 IAIR) ASSE	Same Same
(City/State and Zip Code)	THE P	
For further information concerning this matter, please call:	1 8:42 FLORIDA	
Heidi M. Llewellyn at (321) 752-558 (Name of Person) (Area Code & Daytime Telephone Number)	5 <sub>A</sub>	

TO:

Registration Section

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Waterdrop Media, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
748 Ballard Dr.	748 Ballard Dr.
Melbourne, Fl 32935	Melbourne, F132935
The name and the Florida street address of the Heidi M. L.  Na  748 Palland  Florida street address	lewellyn B-2 ASSEE, FLORIDA B: L2  P.O. Box NOT acceptable)
company at the place designated in this certificate. I have agree to act in this capacity. I further agree to comply and complete performance of my duties, and I am fam registered agent as provided for the second	

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Stephen M. Llewellyn
	798 Ballard Dr. Melb, Fl 32935
marm	Herd: M. Llewellyn
	748 Rallard nr.
	25.7
	Ti C
	OR R
	<u></u>
(Use attachment if necessary)	
•	
NOTE: An additional article	must be added if an effective data is requested
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
This to	M. Lluellon
Signature of a memb	er or an authorized representative of a member.
(In accordance with s of this document cons that the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
	·
Teras	yped or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.06 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)