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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Broward Aquatic LLC (Name of Limited Liability (ompany)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Robert Emary (Name of Perform)		
Broward Aquatic LLC (Firm-Company)		
Po Box 23789 (Address)		
Ft. Landerdale, FL 33307 (City State and Zip Code)		
For further information concerning this matter, please call:		
Robert Emary at (954) 563-4930 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Broward Agmatic	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:
1501 NE 39th St	PO BOX 23789
Daklond Park, FL	Ft. Londerdale, FL
33334	33307
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registere Robert Emp Name 1501 NE 39th St Florida street address (P.O. Box No. 1980) Oakland Park El City, State, and Zip	ed agent are:

Having been named as registered agent and to accept service of process for the above stated limited hardity 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, Florida Statutes..

Registered Agent's Signature

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: "MGR" = Manager "MGRM" = Managing Member MGRM Robert Emary 1501 NC 391 St 0061mJ Port, FL 33334 MGRM Peter Banks 14320 Diplomat Dr. Tampa J FL 33613 MGRM Larry Blumberg 2730 NE 22^{na} Ct Punjano Back, FL 33362 (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 perjuty that the facts stated herein are true.)

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)