

L040000038660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100036475331

05/17/04--01063--015 \*\*125.00

APPROVED  
AND  
FILED  
04/17/17 2012:01  
SEC. OF STATE  
AT: AUGUSTA, ME (01501)

52104

# WEIMER & CO., LLC

*Attorneys at Law*  
1790 Town Park Blvd., Suite B  
(City of Green)  
Uniontown, Ohio 44685  
330-896-4500  
330-896-8631 (Facsimile)

David P. Weimer

*Of Counsel:*  
Paul E. Weimer  
Michael B. Humphrey

May 13, 2004

Registration Division  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Incorporation of Tropical Waves Development Group, LLC

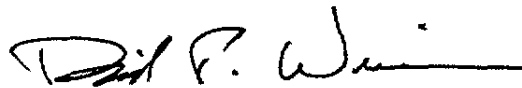
To Whom It May Concern:

Enclosed please find the Articles of Organization with Designation of Registered Agent form, along with our check in the amount of \$125.00 for the filing of same. Please return a date-stamped copy to the undersigned in the envelope provided.

Please call me if you have any questions.

Very truly yours,

WEIMER & CO., LLC



David P. Weimer  
Attorney at Law

DPW/bh  
Encl

04 MAY 17 PM 12:01  
RECEIVED  
AND  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropical Waves Development Group, LLC

ARTICLE II - Address:

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

Principal Office Address:

Tropical Waves Development Group, LLC  
Morrison & Caudill, PL

4933 Tamiami Trail North, Suite 200

Naples, Florida 34103

Mailing Address:

Tropical Waves Development Group, LLC

1790 Town Park Blvd., Suite B

Uniontown, Ohio 44685

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

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

James F. Caudill, Esq.

Name

4933 Tamiami Trail North, Suite 200

Florida street address (P.O. Box NOT acceptable)

Naples

FLORIDA 34103

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, Florida Statutes..*



Registered Agent's Signature

**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

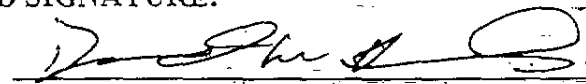
David M. Hamrick

1790 Town Park Blvd., Suite B  
Uniontown, OH 44685

(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.)

David M. Hamrick

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)

FILED  
04 MAY 17 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA