

L04 00000 40194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

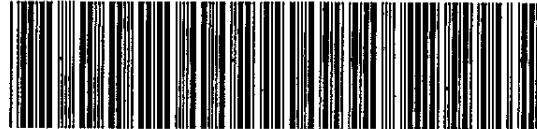
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300036285983

05/21/04--01076--010 \*\*462.50

SECRET  
FALLAHASSEE, FLORIDA

04 MAY 21 PM 11:10

511510

5/27/04  
cust

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHOALWATER, LLC  
(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:

Barbara Schwartz  
(Name of Person)

Arnold Goldstein & Associates, LLC  
(Firm/Company)

2500 N. Military Trail #260  
(Address)

Boca Raton FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at 561, 953-1050  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
TALLAHASSEE, FLORIDA

04 MAY 21 PM 11:10

**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:

SHOALWATER, 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4274 Danielson Drive

Lake Worth FL 33467

\_\_\_\_\_

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

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

Jamal Abdel-Halim

Name

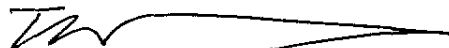
4274 Danielson Drive

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

Lake Worth FL 33467

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:**

MGR

Jamal Abdel-Halim  
4274 Danielson Drive  
Lake Worth FL 33467

MGRM

Olympian Trio Limited Partnership  
4274 Danielson Drive  
Lake Worth FL 33467

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

Jamal Abdel-Halim  
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)**