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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HURCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

L207/02/04

LIMITED LIABILITY COMPANY

489 Water Street LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

RECEIVED
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DIVISION OF CORPORATIONS

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30

H04000137340

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **489 Water Street 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:

489 Water Street

489 Water Street

Celebration, FL 34747

Celebration, FL 34747

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

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

Linda Potter

Name

6641 SE 51 Street

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Okeechobee, FL 34974

(City / State / Zip)

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CLERK OF STATE
DIVISION OF CORPORATIONS

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.

Linda Potter

Registered Agent's Signature - Linda Potter

H04000137340

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

Noreene Carlson- 85 Laurel Brook Road, Middlefield, CT 06455

MGRM

Howard Carlson- 85 Laurel Brook Road, Middlefield, CT 06455

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Noreene Carlson

Typed or printed name of signee

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FLORIDA SECRETARY OF STATE