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TRANSMITTAL LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: Waterview	w Equities, LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	1	Daryl Smith	
<u> </u>		Varne of Person)	
	(1	Firm/Company)	
	655	E, 116th Street	
		(Address)	
		•	
	Vanaaa	City Minary C4424	
		State and Zip Code)	
	(City)	State and Esp Code,	
For further information	concerning this matter, please	call:	
Daryl Smith	of Person)	at (816) 522-7090 (Area Code & Daytime Te	Nombon Nombon
enus/1)	of reison)	(Area Code & Daytime 16	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\sqrt{3}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS:	MAILING A Registration S	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 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:			
Waterview Equities, LLC.			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability	y Company is:	
Principal Office Address:	Mailing Address:		
9241 Spring Run Blvd # 2206	655 E. 116th Street		
Bonita Springs, Florida 34135	Kansas City, Missouri 64131		
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r Daryl Sm	egistered agent are:	ature:	
Name			
9241 Spring	Run Blvd		
Florida street add	lress (P.O. Box NOT acceptable)		
Bonita Springs, 64135 City, State, a	FL und Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe accept the obligations of my position as regis	his certificate, I hereby accept the app v. I further agree to comply with the p rformance of my duties, and I am fami	ointment as rovisions of all iliar with and	
Registered Agent's	_/	04 DEC 27	
(CONTIN	UED)	PH 5: 15	

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managi	Name and Address:
MGRM	Julie M. Bartels Smith
	655 E. 116th Street
	Kansas City, Missouri 64131
MGRM	Daryl Smith
	655 E. 116th Street
	Kansas City, Missouri 64131
(Use attachment if n	ecessary)
NOTE: An addition	nal article must be added if an effective date is requested.
REQUIRED SIGN	ATURE:
=-	Jagen Sinh
Si	nature of a member or an authorized representative of a member.
of	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
_	MARY W. SMITH
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)