

L05000009188

(Requestor's Name)

(Address)

(Address)


(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

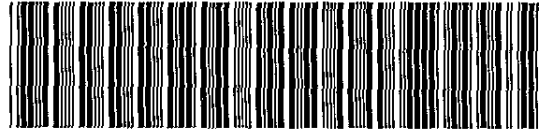
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


Office Use Only



600045346366

01/31/05--01001--018 **155.00

FILED
05 JAN 28 AM 8:00
RECEIVED
05 JAN 28 PM 4:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 JAN 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 01-28-05

REF. #: 0900.34294

CORP. NAME: AQUA 802, LLC

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511235 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
AQUA 802, LLC**

FILED
05 JAN 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is Aqua 802, LLC.

ARTICLE II – Address:

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

c/o James Rocco Boucher
420 Lincoln Road
Suite 265
Miami Beach, FL 33139

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

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

Alexander I. Tachmes, P.A.
2 S. Biscayne Boulevard
Suite 2630
Miami, Florida 33131

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.

Alexander I. Tachmes, P.A.

By: 
Alexander I. Tachmes, President

FILE
05 JAN 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s)

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

| | |
|-------------|---|
| MGRM | James Rocco Boucher 420 Lincoln Road Suite 265 Miami Beach, FL 33139 |
|-------------|---|

ARTICLE V – Members

The name and address of the Members are as follows:

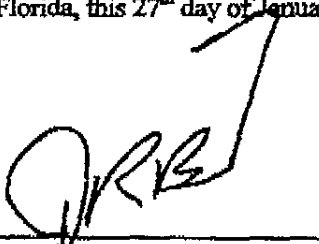
| | | |
|---|--|--|
| James Rocco Boucher 420 Lincoln Road Suite 265 Miami Beach, FL 33139 | John Hearn 1917 N.W. 81 st Avenue Coral Springs, FL 33071 | Robert Steinfeldt 16485 Collins Avenue Sunny Isles, FL 33160 |
|---|--|--|

ARTICLE VI - Indemnification

The Company shall indemnify and shall advance expenses on behalf of its members, managing members and managers to the fullest extent not prohibited by any law in existence either now or hereafter.

Executed by the undersigned in Miami, Florida, this 27th day of January, 2005.

REQUIRED SIGNATURE:



James Rocco Boucher