

L 05000027896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

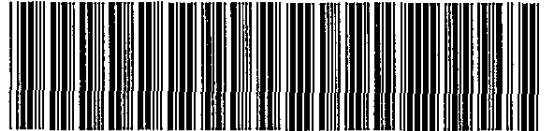
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 268540 80493A

AUTHORIZATION : *Patricia Pijoto*

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : March 21, 2005

ORDER TIME : 11:51 AM

ORDER NO. : 268540-005

CUSTOMER NO: 80493A

CUSTOMER: Dorothy Hudson, Esq
Dorothy A. Hudson Attorney At
Law
Suite 101
603 Seventeenth Street
Vero Beach, FL 32960

DOMESTIC FILING

NAME: AT-WATERS EDGE, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Limited Liability Company is: AT-WATERS EDGE, LLC

**ARTICLE II
Address**

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

Principal Office Address:

1160 SEAWAY DR.
FORT PIERCE, FL 34949

Mailing Address:

1160 SEAWAY DR.
FORT PIERCE, FL 34949

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

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

CLIVE R. DEAM
1136 SEAWAY DR.
FORT PIERCE, FL 34949

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.



CLIVE R. DAEM

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

Title:
"MGR" = Manager
"MGRM" = Managing Member
MGRM

Name and Address:
CLIVE R. DAEM, MGRM
LEE F. SOMBORN, MGRM
1301 POITRAS DR.
VERO BEACH, FL 32963

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



CLIVE R. DAEM



LEE F. SOMBORN

(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.)



CLIVE R. DAEM



LEE F. SOMBORN

Filing Fees:
\$125.00 filing fee for Articles of Organization
\$30 certified copy
\$5 certificate of status
2004