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DIVINION CORPORATIONS
DIVINION SEE, FLORIDA

J. BRYAN MAY 2 7 2005

TRANSMITTAL LETTER

TO: * Registration Se Division of Co		en e	
SUBJECT:		DERWATER LI d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
K	EVYN LANDE	NCE NADOLSK Name of Person)	- District P
	TROJANS VI	DERWATER Firm/Company)	
	1251 SW	NORTONS LA	DINALLA MASSEE, FLORIDA
	STUALT F	L 34994 State and Zip Code)	
For further information of	concerning this matter, please	cali:	
Kovyn N	ADOLSKI of Person)	at (772 L40 (Area Code & Daytime To	8176 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)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ET ADDRESS: ration Section	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

•	<u> </u>
ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	AHASSON TO THE
TROJANS UNDERWATE	50000000000000000000000000000000000000
ARTICLE II - Address: The mailing address and street address of the pri	デジ ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
STUART FL 34994	STUART FL 34994
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
KEVYN L. NAS	olski
151 SW NORTON	VS_LN
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)

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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managir The name and address of each Manager of	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>MG/-</u>	KEVYN L. NADOLSKI 1251 JW NORTONS LN STUART FL 34994
	23 PA
<u> </u>	RATIONS RATIONS
(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 of this document constitute that the facts stated herein	. 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
Keryn L. Typed	NADOLSKI 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)