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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEAN HIGH WATER LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. AKIALIS
(Name of Person)

(Firm/Company)

1609 S FLAGLER AVE
(Address)

FLAGLER BEACH, FL 32136
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J AKIALIS at (386) 517 1678
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
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:

MEAN HIGH WATER 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:**
MEAN HIGH WATER LLC	MEAN HIGH WATER LLC
1609 S FLAGLER AVE	1609 S FLAGLER AVE
FLAGLER BEACH, FL 32136	FLAGLER BEACH, FL 32136

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

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

MICHAEL J AKIALIS
Name

1609 S FLAGLER AVE
Florida street address (P.O. Box NOT acceptable)

FLAGLER BEACH, FL 32136 FL
City, State, and Zip

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)

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:
MGR	MICHAEL J. AKIALIS 1609 S FLAGLER AVE FLAGLER BEACH, FL 32136
MGRM	ISADORA M. AKIALIS 1609 S FLAGLER AVE FLAGLER BEACH, FL 32136
MGRM	JESSE H. MCKNIGHT P.O. BOX 398 BUNNELL, FL 32110
: MGRM	GENETTE H. MCKNIGHT P.O. BOX 398 BUNNELL, FL 32110

(Use attachment if necessary) see attached

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 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.)

Michael J. Akialis

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)

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	FRANK J. NAVARETTE 2659 ANETTE ST FLAGLER BEACH, FL 32136
MGRM	VANESSA H. MCKNIGHT 2659 ANETTE ST FLAGLER BEACH, FL 32136
MGRM	KEITH C EVANS 52 LEAVER DR PALM COAST, FL 32137
MGRM	TERRI EVANS 52 LEAVER DR PALM COAST, FL 32137

(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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Akridge

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)