

LO5000054610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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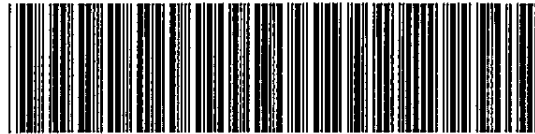
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 Doc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. AKIALIS

(Name of Person)

(Firm/Company)

1809 S FLAGLER AVE

(Address)

FLAGLER BEACH, FL 32136

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J AKIALIS

(Name of Person)

at (386) 577 1678

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

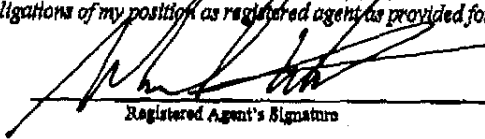
MICHAEL J AKIALIS

Name

1609 S FLAGLER AVEFlorida 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)

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

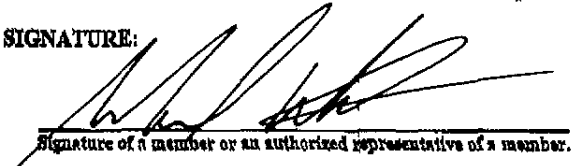
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>MICHAEL J. AKALIS</u> <u>1809 S FLAGLER AVE</u> <u>FLAGLER BEACH, FL 32136</u>
<u>MGRM</u>	<u>ISADORA M. AKALIS</u> <u>1809 S FLAGLER AVE</u> <u>FLAGLER BEACH, FL 32136</u>
<u>MGRM</u>	<u>JESSE H. MCKNIGHT</u> <u>P.O. BOX 398</u> <u>BUNNELL, FL 32110</u>
<u>: MGRM</u>	<u>GENETTE H. MCKNIGHT</u> <u>P.O. BOX 398</u> <u>BUNNELL, FL 32110</u>

(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. Akalis
 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:MGRMFRANK J. NAVARETTE
2859 ANETTE ST
FLAGLER BEACH, FL 32135MGRMVANESSA H. MCKNIGHT
2859 ANETTE ST
FLAGLER BEACH, FL 32135MGRMKEITH C EVANS
52 LEAVER DR
PALM COAST, FL 32137MGR & MTERRI 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.)



Typed or printed name of signer

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)