

LOS000056513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

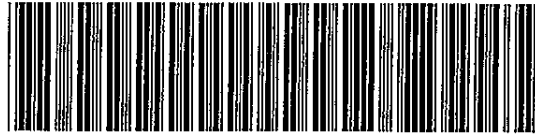
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JULY 31 PM 12:19
REGISTERED CLERK
COURT CLERK

LOS-56513
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waterfalls Land, 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:

Fredric M. Westman

(Name of Person)

Waterfalls Land, LLC

(Firm/Company)

P.O. Box 712

(Address)

Englewood, Florida 34224

(City/State and Zip Code)

For further information concerning this matter, please call:

Fredric M. Westman

(Name of Person)

at (941) 204-3173

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
JAN 1 PM 12:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Waterfalls Land, LLC

ARTICLE II - Address:

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

Principal Office Address:

5241 Boyle Terrace
Port Charlotte, Florida 33981

Mailing Address:

P.O. Box 712
Englewood, Florida 34224

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

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

Fredric M. Westman

Name

5241 Boyle Terrace

Florida street address (P.O. Box NOT acceptable)

Port Charlotte, Florida 33981 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..

Fredric M. Westman

Registered Agent's Signature

(CONTINUED)

FILED
MAY 31 PM 12:49
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Fredric M. Westman

5241 Boyle Terrace

Port Charlotte, Florida 33981

MGRM

Lori A. Westman

5241 Boyle Terrace

Port Charlotte, Florida 33981

MGRM

Erik J. Westman

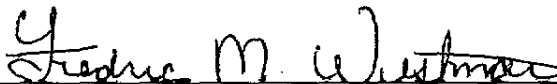
5241 Boyle Terrace

Port Charlotte, Florida 33981

(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 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.)

Fredric M. Westman

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)

FILED
MAY 31 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA