

L05000067302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

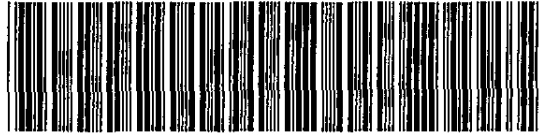
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TALLAHASSEE, FLORIDA

Boyd, Lindsey S Sliger
Requester's Name

1407 Piedmont drive
Address

Tall / FL / 32308 386-2171
City/State/Zip Phone #

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SECRETARY OF STATE
FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Waters Edge JW, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
WATERS EDGE JW, LLC**

The undersigned individual, acting as the authorized representative of a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **WATERS EDGE JW, LLC**

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business of the Limited Liability Company shall be 226 North Duval Street, Tallahassee, Florida 32301 and the mailing address of the Limited Liability Company shall be P.O. Box 13633, Tallahassee, Florida 32317.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization, or the Limited Liability Company's Operating Agreement.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its managing member as set forth in its Operating Agreement. The name and address of the managing member is:

Name
James M. Rudnick

Address
P.O. Box 13633
Tallahassee, Florida 32317

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ARTICLE V

Admission of Additional Members

Except as otherwise provided in the Limited Liability Company's Operating Agreement, members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Transfer of Member's Interest

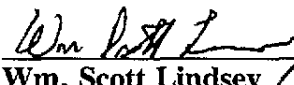
Except as otherwise provided in the Limited Liability Company's Operating Agreement, the transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Wm. Scott Lindsey, and his address is 1407 Piedmont Drive East, Tallahassee, Florida 32308.

IN WITNESS WHEREOF, the undersigned, the managing member/registered agent of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 8th day of July, 2005.


Wm. Scott Lindsey
Authorized Representative of a Member

State of Florida
County of Leon

The foregoing Articles of Organization were acknowledged before me this 8th day of July, 2005, by Wm. Scott Lindsey.


Notary Public




**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Waters Edge JW, LLC
2. The name and address of the registered agent and office is:

Wm. Scott Lindsey
1407 Piedmont Drive East
Tallahassee, Florida 32308

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 OF 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.




Signature

7/8/05

Date

State of Florida
County of Leon

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 8th day of July, 2005, by Wm. Scott Lindsey.



Notary Public

