

L05000107988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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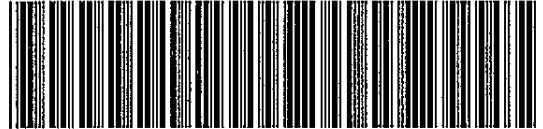
EFFECTIVE DATE

11/9/05

W05-48778

11/8

Office Use Only



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10/24/05--01026--031 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV - 8 PM 1:06

APPROVED  
AND  
FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 26, 2005

ROBERT M. NEWMAN  
201 OAK BRANCH DRIVE  
EDGEWATER, FL 32141

SUBJECT: NAUTICAL SHORES LLC  
Ref. Number: W05000048778

We have received your document for NAUTICAL SHORES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 24, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 305A00064874

## COVER LETTER

EFFECTIVE DATE  
11/9/05

TO: Registration Section  
Division of Corporations

SUBJECT: NAUTICAL SHORES 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:

ROBERT M. NEWMAN

(Name of Person)

(Firm/Company)

201 OAK BRANCH DRIVE

(Address)

EDGEWATER, FL 32141

(City/State and Zip Code)

For further information concerning this matter, please call:

ARLEEN LAMMONS

(Name of Person)

at ( 386 ) 424-0489

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE  
11/9/05

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NAUTICAL SHORES LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

201 OAK BRANCH DRIVE  
EDGEWATER, FL 32141

#### Mailing Address:

201 OAK BRANCH DRIVE  
EDGEWATER, FL 32141

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROBERT MICHAEL NEWMAN

Name

201 OAK BRANCH DRIVE

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

EDGEWATER FL 32141

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

*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..*

Robert M. Newman  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

ROBERT MICHAEL NEWMAN

201 OAK BRANCH DRIVE

EDGEWATER, FL 32141

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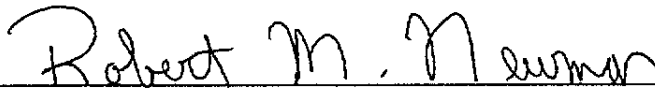
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/09/2005 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

ROBERT MICHAEL NEWMAN

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV -8 PM 1:06

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AND  
FILED