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TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: WATER'S	S EDGE MARINE CONSTR			_
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
DENNIS	M. BOYCE, ESQ.			
	(I	Name of Person)		
DENNIS M. BOYCE	. P.A.			
<u> </u>		Firm/Company)		
480 Maplew	ood Drive, Suite 5	(144)		
		(Address)		SEC ALL/
Jupite	er, Florida 33458			OV 17
	(City/	State and Zip Code)		m m m m m m m m m m m m m m m m m m m
For further information	concerning this matter, please	call;		05 NOV 17 PH 1:31 SECRETARY OF STATE FALLAHASSEE, FLORIDA
CHARLES W. BRAZN	NELL, III	at (561) 310-5834		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	- ''
Enclosed is a check for	or the following amount:			
Ø \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filin Certificate of St Certified Copy (additional copy is	tatus &
rons	TT ADDDESS.	MAILING A	nnbres.	

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

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	s:	
The name of the Emitted Blacking Company is		
WATER'S EDGE MARINE CONSTRUCTION, LL	<u>c</u>	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	-
16669 133rd Drive North	16669 133rd Drive North	
Jupiter, Florida 33478	Jupiter, Florida 33478	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Dennis M. Boyce		
Nam	e As 0	
480 Maplewood Drive, Suite 5 Florida street address (P.O. Box NOT acceptable)		
Jupiter,	FI 33458	ļ
City, State, and Zip		
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	a accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S	

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CHARLES W. BRAZNELL, III 16669 133rd Drive Nrth
	Jupiter, Florida 33478
Member	MICHAEL J. LARSEN
	16706 134th terrace North
	Jupiter, Florida 33478
<u> </u>	
(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.)

MICHAEL J. LARSEN

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)