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SECRETARY OF STATE
DIVISION OF CERTIFICATION

EXPIRATION DATE
01-31-06

DP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAVERICK AQUATICS 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:

DANIEL KASTER
(Name of Person)

MAVERICK AQUATICS LLC
(Firm/Company)

339 BROOKS ST
(Address)

FT. WALTON BCH FL 32548
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL KASTER at (850) 225-7985
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

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)

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
01-31-06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAVERICK AQUATICS 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:

339 BROOKS ST
FT WALTON BCH FL
32548

Mailing Address:

339 BROOKS ST
FT WALTON BCH FL
32548

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

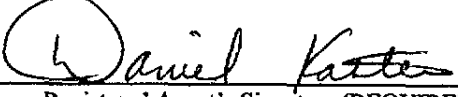
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

DANIEL KASTER
Name
339 BROOKS ST
Florida street address (P.O. Box **NOT** acceptable)
FT. WALTON BEACH FL 32548
City, State, and Zip

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DIVISION OF CORPORATION
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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 (REQUIRED)

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:

DAN KASTER MGR

DAN KASTER
339 BROOKS ST
FT WALTON BCH FL 32548

SARAH NAGY MGRM

SARAH NAGY
339 BROOKS ST
FT WALTON BCH FL 32548

TONYA RASOR MGRM

TONYA RASOR
1634 OAKMONT CIR
NICEVILLE FL 32578

Richard Tona MGRM

RICHARD TONA
20 HOLLYWOOD BLVD SE
FORT WALTON BEACH, FL 32548

(Use attachment if necessary)

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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE V: Effective date, if other than the date of filing: 1-31-06 (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:

Daniel S. Kaster
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.)

DANIEL G. KASTER
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)