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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	321) v (



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COVER LETTER

Division of Co				
SUBJECT:	LAGUNA CHA.	RTERS, LLC		
***************************************	(Name of Limited	Liability Company)		
The enclosed Articles o	f Organization and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Nathan 1	Fowler		_
	(t	Name of Person)		
	- 			_
	•	Firm/Company)	. المس	J.
	340 Alabama	Ave		ن ً
		(Address)	•	س. آب
	Merritt Islam	(Address) Ol, FL 32953 (State and Zip Code)		, ,
	(City)	State and Zip Code)		200
For further information	concerning this matter, please	call:		
Na Han A	owler .	at (371) 960 - (Area Code & Daytime To	9760	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	Cabo maineimal access Cabo V imited Vieli	litus Clausenaus in
The maning address and street address c	of the principal office of the Limited Liabi	inty Company is:
Principal Office Address:	Mailing Address:	
340 Alabama Ave Meritt Island FL	340 Alabama A Meritt Island t	Tre
Merritt Island FL	Merit Island F	-i
37953	32953	Selection (Selection)
340 Ab	han Fowler Name bama Are	
Florida :	street address (P.O. Box NOT acceptable)	
Merit I.	sland FL 32953	
City	y, State, and Zip	
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the abo ated in this certificate, I hereby accept the a capacity. I further agree to comply with the aplete performance of my duties, and I am fa a as registered agent as provided for in Chap	ppointment as e provisions of all miliar with and

(CONTINUED) Page 1 of 2

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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.)

athan Fowler Typed or printed name of signee

Filing Fees:

\$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)