

LO7000026810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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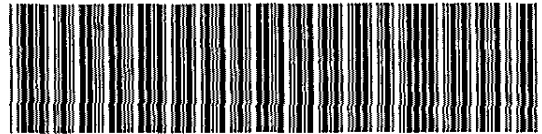
(Business Entity Name)

(Document Number)

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07 MAR 12 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2007 MAR 12 AM 11:38

TRADING JUDGE  
SUFFICIENCY OF FILING

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 03/12/07

REF. #: 000174.65332

CORP. NAME: AQUA ISLES OF HENDRY, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 520503 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

AQUA ISLES OF HENDRY, LLC,  
a Florida limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

AQUAL ISLES OF HENDRY, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

11300 U. S. Hwy. 301 No.  
Parrish, FL 34219

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

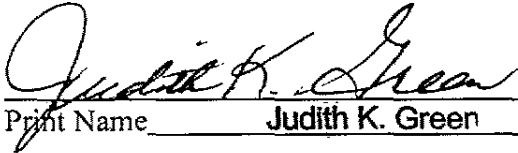
Jeffrey S. Russell  
240 S. Pineapple Avenue  
9<sup>th</sup> Floor  
Sarasota, FL 34236

## ARTICLE IV MANAGEMENT AND POWERS

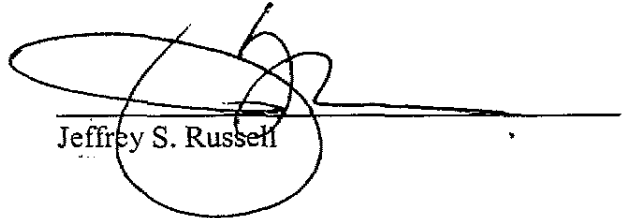
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the *Regulations of the Limited Liability Company*.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
9th day of MARCH, 2007.

WITNESSES:

  
Print Name Judith K. Green

  
Print Name CAROL GORDON

  
Jeffrey S. Russell

"AUTHORIZED AGENT"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

AQUA ISLES OF HENDRY, LLC

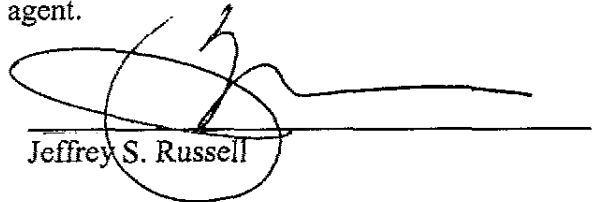
2. The name and the Florida street address of the registered agent are:

Jeffrey S. Russell  
240 S. Pineapple Avenue  
9<sup>th</sup> Floor  
Sarasota, FL 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

March 9, 2007

  
Jeffrey S. Russell

“REGISTERED AGENT”