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TRANSMITTAL LETTER

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TO: Registration Section Division of Corporations	•		
SUBJECT: PANAMA WATER SPORTS, LL			
(Name of L	imited Liability Company)		
The enclosed Articles of Organization and fee(s)	are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
BONNIE R. KENNEDY			
	(Name of Person)		
PANAMA WATER SPORTS, LLC.	(Firm/Company)		
6433 SUMMER OAK DR			
	(Address)	O7	
PANAMA CITY BEACH, FL	32408	3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
	(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	O7 MAY 21 PH 2: 14	
BONNIE R. KENNEDY	at (850) 230-9577		
(Name of Person)	(Area Code & Daytime Te	elepnone Number)	
Enclosed is a check for the following amoun	ıt:		
I \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate of Status	cee & \$\square\$ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STREET ADDRESS:	MAILING A		
Registration Section Division of Corporations		Registration Section Division of Corporations	
409 E. Gaines Street Tallahassee, Florida 32399	P.O. Box 6327 Tallahassee, F		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is: ·	
PANAMA WATER SPORTS, LLC.		·
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liabi	ility Company is:
Principal Office Address:	Mailing Address:	
6433 SUMMER OAK DR	SAME	
PANAMA CITY BEACH, FL 32408		
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's S	 ignature:
The name and the Florida street address of th	e registered agent are:	SECRETARY BIVISION OF C
BONNIE R. KENNEDY		
Name		21
6433 SUMMER OAK DR		3 8 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Florida street	address (P.O. Box NOT acceptable)	OF STATOR POR AL
DANIANA CITY DEACH EL	20400	

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

City, State, and Zip

(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:

<u>Title:</u>		Name and Address:
"MGR" = Manager		
"MGRM" = Managing I	Member	
MGRM		BONNIE R. KENNEDY
		6433 SUMMER OAK DR
		PANAMA CITY BEACH, FL 32408
		
	``	
	,	
(Use attachment if neces	ssary)	
-	• •	

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.)

BONNIE R. KENNEDY

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)

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