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(City/State/Zip/Pho	one #)
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PICK-UP WAIT	MAIL
(Business Entity N	ame)
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Spring		d Liability Company)		
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
Fred R. D	udley, Esq.	Name of Person)		
•				
Akerman		(Firm/Company)		
	'	(Fillin Company)		
106 E. C	ollege Ave., Sui			
		(Address)		
Tallahass	see, FL 32301			
	(City	/State and Zip Code)		
For further information of	concerning this matter, please	call:	TA O	
	, , p		17 M LLA	다지
Fred R. Dudley		at ( 850 521-80 (Area Code & Daytime T		
(Name	of Person)	(Area Code & Daytime 1	ḿ-<	(2) () ()
Enclosed is a check fo	r the following amount:		AM IO:	
\$125.00 Filing Fee	\$130.00 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Comp	pany is:	
Spring Tide, LLC		
(Must end with the words "Limited Liability Compan	y, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liability Company is:	;
Principal Office Address:	Mailing Address:	
3864 Millers Brdge Road	Same	
Tallahassee, FL 32312		
	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are:	71
Susanne Dudley	0, .	1 177
	Name  ge Road  street address (P.O. Box NOT acceptable)	
3864 Millers Brid	ge Road  Street address (P.O. Box NOT acceptable)	Name of the last
Florida	street address (P.O. Box NOT acceptable)	
Tallahassee	FL 32312	
Cit	y, State, and Zip	
Having been named as registered agent	and to accent service of process for the above stated limited	,

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 pasifion as registered agent as provided for in Chapter 608, F.S..

egistered Agent's Signature (REQUIRED)

(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> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Mo	ember			
MGR	Susanne Dudley		_	
	3864 Millers Bridge Road	3864 Millers Bridge Road		
	Tallahassee, FL 32312		•	
			_	
			•	
	A STATE OF S		-	
			,	
(Use attachment if necessar	ary)			
TICLE V: Effective date, if of	ther than the date of filing:	(OPTIO	NAL)	)
an effective date is listed, the d	late must be specific and cannot be more than five bu	•	,	
or 90 days after the date of fili	ng.)			
		70	_	
REQUIRED SIGNATU	<b>₽₽:</b>		07	
	1)	AA	HAY	
	Has -	AST.	07 MAY 30	CENTRAL PROPERTY.
Signatur	e of a member or an authorized representative of a member.			
(In accord	dance with section 608.408(3), Florida Statutes, the execution	OF Jimit E, FLORID	AM 10: 02	
of this do	ocument constitutes an affirmation under the penalties of perjury	ران ا	ö	Name of
that the	e facts stated herein are true.)	22	02	
Susanı	ne Dudley	77		
	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)