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(Requestor's Name)
((Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name) (Document Number)
	Certificates of Status
Special Instructions	to Filing Officer:





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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY TOUT 8 PM 4: 27

WALK-IN

ENTITY NAME:

OVATION WATER DEVELOPMENT, LLC

CK# 2859

AMOUNT \$125.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

COVER LETTER

TO: Registration Section Division of Corporations
1.0 9
SUBJECT: OVATION WATER DEVELOPMENT, LLC
(Name of Limited Liability Company)
The state of the s
The enclosed Articles of Organization and fee(s) are submitted for filing.
TO: Registration Section Division of Corporations SUBJECT: OVATION WATER DEVELOPMENT, 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:
ALINA SILVERS
(Name of Person)
NRAI SERVICES, INC
(Firm/Company)
2731 EXECUTIVE PARK DRIVE, SUITE 4
(Address)
(stantabl)
WESTON, FLORIDA 33331
(City/State and Zip Code)
For further information concerning this matter, please call:
ALINA SILVERS at (954) 318-2787
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

	400 94
ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	y is:
OVATION WATER DEVELOPMENT, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13801 N. Dale Mabry Highway	One Armstrong Place
Suite 200	Butler, PA 16001
Tampa, FL 33618	
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
	ame
2731 Executive Park Drive	e. Suite 4
	et address (P.O. Box <u>NOT</u> acceptable)
Weston	<u>FL</u> 33331
City, Str	ate, and Zip
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as not NRAI Services, Inc. By:	I to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(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 "MGRM" = Managing Member	Name and Address:
	***Please see attachment ***
	······································
·	
(Use attachment if necessary)	
TCLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prid
REQUIRED SIGNATURE:	
Signature of a memb	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated	ection 608.408(3), Florida Statules, the execution titules an affirmation under the penalties of perjury herein are true.)
David R. Jamleson,	Manager

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)

Typed or printed name of signee

OVATION WATER DEVELOPMENT, LLC

List of manager/members:

Title

Name and Address:

Manager

Kirby J. Campbell One Armstrong Place Butler, PA 16001

Manager

Dru A. Sedwick One Armstrong Place Butler, PA 16001

Manager

David R. Jamieson One Armstrong Place Butler, PA 16001

Manager

Allen Goins

13801 North Dale Mabry Highway,

Suite 200

Tampa, FL 33618

Member:

Armstrong Florida Realty Holding, LLC

One Armstrong Place Butler, PA 16001

Member:

AG Armstrong Development, LLC 13801 North Dale Mabry Highway,

Suite 200

Tampa, FL 33618