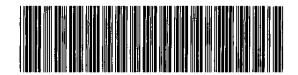
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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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FILED

COVER LETTER

Division of Corporations	
SUBJECT: A WATER WORLD, LCC	
(Name of Limited Liab	ility Company)
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
MICHAEL L. TAYLOR	
(Name	of Person)
A WATER WORLD, LCC	200 TAL
(Firm/C	Company)
5791 HARBORAGE DRIVE	SECRETAR) Company)
(Ad	dress)
FORT MYERS, FL 33908	STATE C
(City/State	and Zip Code)
For further information concerning this matter, please call:	
MICHAEL L. TAYLOR	239 、823-0065
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	•
Certificate of Status Ce	55.00 Filing Fee & Side Status & Status
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
5791 HARBORAGE DRIVE	5791 HARBORAGE DRIVE	
FORT MYERS, FL 33908	FORT MYERS, FL 33908	
ARTICLE III - Registered Agent, Regi		

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 (REQUIRED)

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 Member	
MGR	MICHAEL L. TAYLOR
	5791 HARBORAGE DRIVE
	FORT MYERS, FL 33908
	_
,	TAE
	SET P
4-04-4-04-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1: 21 LORIDO
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	he date of filing: 11/20/2008 (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days price
DECHINED CICNATUDE.	

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.)

MICHAEL L. TAYLOR

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)