

L080000110490

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000265959 3)))



H080002659593ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

Effective Date 12/01/08

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DEMERARA BLACKWATER, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
08 DEC -2 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC -2 A 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu
T. HAMPTON

Help

DEC - 3 2008

EXAMINER

(((H08000265959 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEMERARA BLACKWATER, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

**1321 WILLOW WIND DR
CLERMONT, FL 34711**

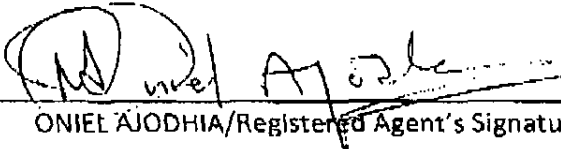
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**ONIEL AJODHIA
1321 WILLOW WIND DR
CLERMONT, FL 34711**

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..


ONIEL AJODHIA/Registered Agent's Signature

(((H08000265959 3)))

2008 DEC -2 A 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Effective Date 12/01/08

(((H08000265959 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

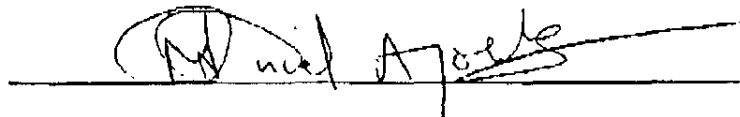
ONIEL AJODHIA - MGRM
1321 WILLOW WIND DR
CLERMONT, FL 34711

AMANDA UNDERWOOD - MGRM
1321 WILLOW WIND DR
CLERMONT, FL 34711

ARTICLE V: Effective date, if other than the date of filing: DECEMBER 1, 2008

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

ONIEL AJODHIA

Typed or printed name of signee

(((H08000265959 3)))

2008 DEC -2 A 141
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED