## L0900000504

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100139359441

12/31/08--01068--004 \*\*125.00

SECRETARY OF SHIE

## **COVER LETTER**

Division of Co				
SUBJECT: SL WA	TERFRONT, LLC			
SUBJECT:	(Name of Limited	Liability Compa	any)	<del></del>
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing	g.	
Please return all correspo	ondence concerning this matter	to the following	<b>;:</b>	
H.J. UNDE	RILL, III			
<del></del>	(Na	ame of Person)		
HJU HOLI	DINGS, LLP			
	(F	irm/Company)		
490 N. HA	RBOR CITY BLVD.			
		(Address)		
MELBOUF	RNE, FL 32935			
<del></del>	(City/S	state and Zip Code	<del>)</del>	
For further information of	concerning this matter, please ca	all:		
Susanne K.	а	321	, 242-222	4 x112
(Name	of Person)	(Area Cod	le & Daytime Tele	ephone Number)
Enclosed is a check fo	r the following amount:			
▼\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filir Certified Co (additional cop	ру	\$160.00 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	Registrat Division Clifton E 2661 Exc	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SL WATERFRONT, LLC  (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
490 N. HARBOR CITY BLVD. MELBOURNE, FL 32935	490 N. HARBOR CITY BLVD. MELBOURNE, FL 32935
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the res	gistered agent are:
Name	9.7 2.7
490 N. HARBOR CIT	Y BLVD.
Florida street addre	ess (P.O. Box NOT acceptable)

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..

32935

Registered Agent's Signature (REQUIRED)

City, State, and Zip

MELBOURNE,

(CONTINUED)
Page 1 of 2

<u>Title:</u>		Name and Address:	
"MGR" = Manag			
"MGRM" = Man	naging Member		
MGR		HJU HOLDINGS, LLLP	
		490 N. HARBOR CITY BLVD.	
		MELBOURNE, FL 32935	
	<del></del>		
	<del></del>	··	<del></del>
		-	<del> </del>
			<del></del>
			<del></del>
(Use attachment	if necessary)		
`	• ,		
		J-4 C Cili (1	OPTION
LE V: Effective	date, if other than the	date of filing: (0	
fective date is lis	ted, the date must be	e specific and cannot be more than five bus	siness da
LE V: Effective of fective date is lised days after the days	ted, the date must be	e specific and cannot be more than five bus	siness da
fective date is lis days after the da	ted, the date must be ate of filing.)	e specific and cannot be more than five bu	siness da
fective date is lis	ted, the date must be ate of filing.)	e specific and cannot be more than five bu	siness da
fective date is lis days after the da	ted, the date must be ate of filing.)	e specific and cannot be more than five bu	siness da
fective date is lis days after the da	ted, the date must be ate of filing.)	e specific and cannot be more than five bu	siness da
fective date is lis days after the da	ted, the date must be ate of filing.)  GNATURE:	e specific and cannot be more than five buser or an authorized representative of a member.	siness da
fective date is lis days after the da	sted, the date must be ate of filing.)  GNATURE:  Signature of a mamber (In accordance with sec	r or an authorized representative of a member.	siness da SECRETARY
fective date is lis days after the da	sted, the date must be ate of filing.)  GNATURE:  Signature of a mamber (In accordance with sec	r or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	siness da

## 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)

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