

LU9000010518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

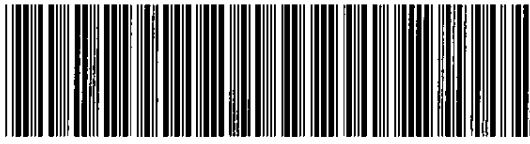
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 2/1/09

FILED
09 FEB - 2 AM 8:15
TALLAHASSEE, FLORIDA

B. KOHR

FEB - 3 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Floating Inn
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

EFFECTIVE DATE 2/1/09

Please return all correspondence concerning this matter to the following:

Bruce Telhiard
(Name of Person)

The Floating Inn
(Firm/Company)

47-B shoreland dr.
(Address)

Key Largo, Florida 33037
(City/State and Zip Code)

FILED
 FEB - 2 AM 8:15
 TALLAHASSEE
 FLORIDA
 STATE
 CORP.

For further information concerning this matter, please call:

Bruce Telhiard at (786) 547-5928
 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

EFFECTIVE DATE 2/1/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Floating Inn LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

47-B shoreland dr.
key largo, fl. 33037

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key largo, fl. 33037

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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:

Rossanna Telhiard

Name

1524 aqueduct lane

Florida street address (P.O. Box **NOT** acceptable)

Key Largo, Florida 33037

City, State, and Zip

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..

Rossanna Telhiard

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Rossanna Telhiard

1524 aqueduct lane

key largo, fl. 33037

MGRM

Bruce Telhiard

1524 aqueduct lane

key largo, fl. 33037

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2009 (OPTIONAL)
(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.)

Bruce Telhiard

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)