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2009 JUN-3 PM 1: 05
SECKETARY OF STATE

C. LEWIS

JUN 4 2009

EXAMINER

' COVER LETTER

TO:

Registration Section

Division of C	Corporations	
SUBJECT:	Waterfront (Group Marketing FL, LLC
	Name of Limit	ed Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing.
Please return all corre	spondence concerning this mat	ter to the following:
	Alex C	renshaw, Controller
		Name of Person
	Waterfront C	Group Marketing FL, LLC
		Firm/Company
	17505 W C	atawba Avenue Ste 350
		Address
	Con	nelius NC 28031
 -	Cit	y/State and Zip Code
	acrensha	w@waterfrontgrp.com
		for future annual report notification)
For further information	n concerning this matter, pleas	e call:
	x Crenshaw	at (800) 455-1981
Nan	ne 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 & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Company is:			
Group Marketing FL, LLC s "Limited Liability Company," "L.L.C.," or "LLC	:.")		
ress of the principal office of the Limi	ted Liability Company is:		
Mailing Address:	Mailing Address:		
0 17505 W Catawba A Cornelius NC 28031			
t, Registered Office, & Registered A as its own Registered Agent. You must designate attion.) dress of the registered agent are: Mark R. Adkins Name			
Raymeadows Way Ste 100	ASS A-3		
et address (P.O. Box NOT acceptable)	EN P		
FL 32256 _{FL}	FEST -		
City, State, and Zip			
agent and to accept service of process f esignated in this certificate, I hereby ac n this capacity. I further agree to comp d complete performance of my duties, a sition as registered agent as provided fo	cept the appointment as ly with the provisions of all nd I am familiar with and		
	Press of the principal office of the Limited Liability Company," "L.L.C.," or "LLC" ress of the principal office of the Limited Mailing Address: 17505 W Catawba A Cornelius NC 28031 Registered Office, & Registered A as its own Registered Agent. You must designate attion.) A Registered Office, & Registered A gent are: Mark R. Adkins Name Baymeadows Way Ste 100 A address (P.O. Box NOT acceptable) FL 32256 FL City, State, and Zip Regent and to accept service of process for this capacity. I further agree to compute the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties, a stition as registered agent as provided for the complete performance of my duties.		

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) The name and address of each	2009 JUN - 3 PM 1: 0	
<u>Title:</u> "MGR" = Manager	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORID
"MGRM" = Managing Mem	per	
MGR	Stephen D. Adkins	
	7595 Baymeadows Way Ste 10	
,	Jacksonville FL 32256	
MGRM	WMA, LP	
	17505 W Catawba Avenue Ste	350
	Cornelius NC 28031	
<u></u>		
		
		<u> </u>
(Use attachment if necessary	·	
(Ose attachment if necessary	')	
LE V: Effective date, if other	r than the date of filing:	(OPTIONAL)
	e must be specific and cannot be more than five	
days after the date of filing	.)	
DECLUBED CICNATUDE	2.	
REQUIRED SIGNATURE		
Ju R		
Signature o	f a member or an authorized representative of a memb	ber.
of this docu	nce with section 608.408(3), Florida Statutes, the execution iment constitutes an affirmation under the penalties of pers stated herein are true.)	n jury

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