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(Re	equestor's Name)	
(Ac	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAR - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Above Water Boat Re	entals
Name of Lim	ited Liability Company
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ellanya Richey	FAST 3
	Name of Person
Above Water Boat Renta	ls Brand Bra
	Firm/Company Fig 3
3509 SE 18th Ave	Name of Person IS Firm/Company
	Address
Comp Corol El 22004	·
Cape Coral, FL. 33904	City/State and Zip Code
abovewaterboatrentals@yahoo	o.com
	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Ellanya Richey	at (239) 699-1763
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	\$155.00 Filing Fee & S160.00 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 Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Above Water Boat Rentals 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:
3509 SE 18th Ave.	3509 SE 18th Ave
Cape Coral, FL 33904	Cape Coral, FL. 33904

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:

Ellanya Richey	
	Name
3509 SE 18	th Ave.
Florid	a street address (P.O. Box NOT acceptable)
Cape Coral	_{FL} 33904
	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 gs provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

	Name and Address:
"MGR" = Manager	SE SE
"MGRM" = Managing Member	CLARE
MGR	Ellanya Richey
**************************************	3509 SE 18th Ave.
	Cape Coral, FL. 33904
MGRM	Mark Richey
	33904 SE 18th Ave.
	Cape Coral, FL. 33904
	0000 0010117 2. 00007
(Use attachment if necessary)	
LIE W. Dec. Mar. dec. 10 d. d. d.	- 4 CCP. COPPLONIA
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fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a memb	et or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
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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)