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12 MAR 12 AM II: 20 SECRETARY OF STATE

C. LEWIS

MAR 1 3 2012

EXAMINER

COVER LETTER

*	Division of Corporations					
	SUBJECT: Backwater Boat RentalS Name of Limited Liability Company					
The enclosed Articles of Organization and fee(s) are submitted for filing.						
	Please return all correspondence concerning this matter to the following:					
	Jordan A. Melchild					
	Name of Person					
	Firm/Company					
	4291, Wordsworth Way					
	Upnice FL 34293 City/State and Zip Code					
	tackwaterboatrentals@amail.com					
City/State and Zip Code tackwater boat rentate gmail. Cor E-mail address: (to be used for future annual report notification)						
	For further information concerning this matter, please call:					
	Sordan A. Melchild at (941) 716-6447 Name of Person Area Code & Daytime Telephone Number					
	Enclosed is a check for the following amount:					
	\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Backwater Boat Rentals LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

Mr. Jordan A. Mekhild Same 4291 Wordsworth Way			
Venice, Florida 34293	_		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signa (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are: Sordan A Melchild Name 4291 Wordsworth Way Florida street address (P.O. Box NOT acceptable) Venice FL 34293 City, State, and Zip	SECRETARY OF STATE TALLAHASSEE, FLORIDA	12 MAR 12 AM 11: 20	TICEU

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

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

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

12 MAR 12 AM 11: 20

		SECRETARY OF
itle: MGR" = Manager	Name and Address:	SECRETARY OF TALLAHASSEE,
MGRM" = Managing Member MGR	Jordan A. Mekh	3/2
	Jordan & Mekh 4291 Wordswort Ucnice FL, 30	h Way 1293
Jse attachment if necessary)		
F.V. Effective date if other than the d	ate of filing:	(OPTIONAL)
E V: Effective date, if other than the dective date is listed, the date must be ays 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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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)