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| (Requestor | s Name) |
|-----------------------------------|-----------------------|
| (Address) | |
| (Address) | |
| (City/State/2 | Zip/Phone #) |
| PICK-UP \ | WAIT MAIL |
| (Business E | Entity Name) |
| (Document Number) | |
| Certified Copies Co | ertificates of Status |
| Special Instructions to Filing Of | fficer: |
| W120000271 | 78 |

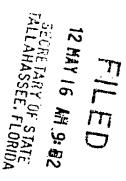
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D. BRUCE

MAY 17 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2012

PETER CUDERMAN 9193 PINEAPPLE ROAD FORT MYERS, FL 33967

SUBJECT: HIGH WATERS, LLC Ref. Number: W12000027178

12 MAY 16 M 9: 62
SECRETARY OF STATE

We have received your document for HIGH WATERS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L08000069622.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 212A00014476

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---------------|
| SUBJECT: High Waters | |
| 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: | |
| Peter Cuderman | |
| Name of Person | |
| High Waters | |
| Firm/Company | |
| 9193 Pineapple Road | 12 M |
| Address | HAS |
| Fort Myers, FL 33967 | RY O |
| City/State and Zip Code pbcuderm@eagle.fgcu.edu | FLOG FLOG |
| E-mail address: (to be used for future annual report notification) | QM N |
| For further information concerning this matter, please call: | |
| Peter Cuderman | |
| Name of Person Area Code & Daytime Telephone Number | т |
| Enclosed is a check for the following amount: | |
| (additional copy is enclosed) Certified | e of Status & |
| 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: | |
| High Waters Clothiers, LLC | • |
| (Must end with the words "Limited Liability | y Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 9193 Pineapple Road | 9193 Pineapple Road |
| Fort Myers, FL 33967 | Fort Myers, FL 33967 |
| USA | USA |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re | red Agent. You must designate an individual or another |
| Peter Cuderman | gistered agent are. |
| Name | |
| 9193 Pineapple | Road Road Road |
| Florida street addre | ess (P.O. Box <u>NOT</u> acceptable) |
| Fort Myers, FL 33967 | FL |
| City, Stat | e, 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

| <u>Title:</u> | Name and Address: |
|--|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGR | Peter Cuderman |
| | 9193 Pineapple Road |
| | Fort Myers, FL 33967 |
| MGRM | Taylor Fleckinger |
| | 4900 Hidden Pine Place |
| | Cocoa, FL 32926 |
| • | |
| MGRM | Lawrence Fleckinger Sr. |
| | 4900 Hidden Pine Place |
| | Cocoa, FL 32926 |
| | |
| | |
| | |
| | · |
| (Use attachment if necessary) | / |
| ARTICLE V: Effective date, if other than the | date of filing: (OPTIONAL) |
| | specific and cannot be more than five business days prior |
| to or 90 days after the date of filing.) | and the second s |
| | |
| DEOLIDED SIGNATURE | |
| REQUIRED SIGNATURE: | |
| 1. | £ |
| | - |
| Signature of a member | or an authorized representative of a member. |
| (In accordance with section 608.4 | 408(3), Florida Statutes, the execution of this document |
| | the penalties of perjury that the facts stated herein are truen ation submitted in a document to the Department of State |
| constitutes a third degree felony | as provided for in s.817.155, F.S.) |
| Peter Cuderma | an REAL SP |
| Type | ed 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)