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(Cit	y/State/Zip/Phone	e #)
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Registration Section

TO:

Division of Corporations
SUBJECT: Submerged Aquatic Vegetation LLC.
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:
Carter Ellett Henne
Name of Person
Submerged Aquatic Vegetation LLC.
Firm/Company
4892 Beach Dr. Apt. B
Address
St. Petersburg FI 33705
City/State and Zip Code
Blueoceancarter@gmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carter Henneat (863) 412-8275
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{Status}\$ \$155.00 Filing Fee \$\text{Certificate of Status}\$ \$155.00 Filing Fee \$\text{Certified Copy}\$ \$\text{Certified Copy}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$ \$\text{Certified Copy}\$ \$\text{(additional copy is enclosed)}\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallaheress FL 323142661 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:		
Submerged Aquatic Vegetation		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the pri	incipal office of the Limited L	iability Company is:
D 1 . 1 . 1 OCC A I I	N#-11: A dd	
Principal Office Address:	Mailing Address:	
4892 Apt. B Beach Dr 4892 Apt. B Beach Dr.		
St. Petersburg FI, 33705	St. Petersburg Fl, 33705	
ARTICLE III - Registered Agent, Registered	Office & Registered Agent	's Sionature:
(The Limited Liability Company cannot serve as its own Registe		
business entity with an active Florida registration.)		Z0. 3
The name and the Florida street address of the re	egistered agent are:	F.G. Si
Carter Ellett Henne		是四四
Name		19 ASS
	.h. D	19 A
4892 Apt. B Beac	ה טר.	中の
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	AMII: 31 OF STATEE, FLORI
St. Petersburg	_{FL} 33705	DA -

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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. 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.) Carter Henne 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)

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

\$ 5.00 Certificate of Status (Optional)