

L13000052142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

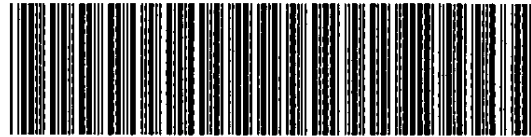
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2613 APR - 8 PM 4: 00

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APR - 9 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2013

KYLE MCFARLAND
P.O. BOX 761
HERNANDO, FL 34441

SUBJECT: EDGEWATER CONSTRUCTION, LLC
Ref. Number: W13000019010

We have received your document for EDGEWATER CONSTRUCTION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 113A00007671

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TALLAHASSEE, FLORIDA

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(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EdgeWater Construction, 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:

Kyle D. McFarland

Name of Person

Firm/Company

P.O. Box 761

Address

Hernando FL, 34441

City/State and Zip Code

edgewaterconstructionllc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kyle McFarland

Name of Person

at **(352) 476-3913**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Certificate of Status

Certified Copy
(additional copy is enclosed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EdgeWater Construction 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:

3013 E. Crown Dr
Inverness FL, 34453

Mailing Address:

P.O. Box 761
Hernando FL, 34441

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:

Kyle D. McFarland

Name

3013 E. Crown Dr.

Florida street address (P.O. Box **NOT** acceptable)

Inverness FL 34453

FL


City, State, and Zip

SECRETARY OF STATE
CORPORATE SERVICES SECTION
FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Kyle D. McFarland

P.O. Box 761

Hernando FL 34441

MGR

Tracey N. McFarland

P.O. Box 761

Hernando FL 34441

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CORPORATE SERVICES DIVISION

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(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.)

Kyle D. McFarland
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)

\$ 5.00 Certificate of Status (Optional)