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| Certified Copies | _ Certificates | of Status | |
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| Special Instructions to | Filing Officer: | | |
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COVER LETTER

TO: Registration Section
Division of Corporations

Wetlands of South Florida, 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:

| Kennet | h B. Huntingto | on | , | |
|-------------------------|--|--|------------------|--|
| | | Name of Person | | |
| | | Firm/Company | | |
| 8563 C | ypress Spring | s Road | | |
| | | Address | - | |
| Lake W | orth, FL 3346 | 57 | | |
| | Cit | y/State and Zip Cod | !e | |
| khuntingto | n33@comcast.ne | | | |
| | E-mail address: (to be used to | for future annual rep | ort notification |) |
| For further information | concerning this matter, please | call: | | |
| Ken Huntir | ngton | _{at} 561 | 319-7 | 7581 |
| Name | of Person | Area Cod | e & Daytime Te | elephone Number |
| Enclosed is a check for | or the following amount: | | | |
| □\$125.00 Filing Fee | ■\$130.00 Filing Fee & Certificate of Status | □\$155,00 Fili Certified Co (additional co | рру | □ \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Wetlands of South Florida, LLC | and Cability Commons at 1 C 2 and 1 C 25 | |
|--|--|--|
| (Must end with the words "Limit | ted Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of | f the principal office of the Limited Liabi | lity Company is: |
| Principal Office Address: | Mailing Address: | |
| 8563 Cypress Springs Road | 8563 Cypress Springs Road | |
| Lake Worth, FL 33467 | Lake Worth, FL 33467 | |
| | | |
| ADDICE DE LE Desistend Asset Des | distance Office P. Dogistowed Agent's C | ianoturo |
| (The Limited Liability Company cannot serve as its ov | istered Office, & Registered Agent's S wn Registered Agent. You must designate an individua | ignature: |
| business entity with an active Florida registration.) | | |
| • | • | |
| The name and the Florida street address of | of the registered agent are: | 7 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |
| The name and the Florida street address of | of the registered agent are: | SECURITY TO |
| The name and the Florida street address of Kenneth Huntington | | AND JUL 2 SECRETAR |
| | of the registered agent are: Name | AIR JUL 23 SECRETARY OF TALL ARRASSEE |
| Kenneth Huntington 8563 Cypress Springs Ro | Name ad | Tig ≥ C |
| Kenneth Huntington 8563 Cypress Springs Ro | Name ad street address (P.O. Box <u>NOT</u> acceptable) | PF STA |
| Kenneth Huntington 8563 Cypress Springs Ro | Name ad | THE E |
| Kenneth Huntington 8563 Cypress Springs Ro Florida s Lake Worth, | Name ad street address (P.O. Box <u>NOT</u> acceptable) 33467 | AND PARTY OF STATE OF |
| Kenneth Huntington 8563 Cypress Springs Ro Florida s Lake Worth, Having been named as registered agent liability company at the place designal | Name ad street address (P.O. Box <u>NOT</u> acceptable) FL 33467 City, State, and Zip and to accept service of process for the abuted in this certificate, I hereby accept the | oove stated limited appointment as |
| Kenneth Huntington 8563 Cypress Springs Ros Florida s Lake Worth, Having been named as registered agent a liability company at the place designal registered agent and agree to act in this | Name street address (P.O. Box NOT acceptable) FL 33467 City, State, and Zip and to accept service of process for the abuted in this certificate, I hereby accept the servance of comply with | ove stated limited appointment as the provisions of |
| Kenneth Huntington 8563 Cypress Springs Rog Florida s Lake Worth, Having been named as registered agent a liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and company at the proper at the proper at the proper at the proper at the pr | Name ad Street address (P.O. Box NOT acceptable) FL 33467 City, State, and Zip and to accept service of process for the above at the complete performance of my duties, and I decomplete performance of my duties. | pove stated limited appointment as the provisions of am familiar with |
| Kenneth Huntington 8563 Cypress Springs Rog Florida s Lake Worth, Having been named as registered agent a liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and company at the proper at the proper at the proper at the proper at the pr | Name street address (P.O. Box NOT acceptable) FL 33467 City, State, and Zip and to accept service of process for the abuted in this certificate, I hereby accept the servance of comply with | oove stated limited appointment as the provisions of am familiar with |
| Kenneth Huntington 8563 Cypress Springs Rog Florida s Lake Worth, Having been named as registered agent a liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and company at the proper at the proper at the proper at the proper at the pr | Name ad Street address (P.O. Box NOT acceptable) FL 33467 City, State, and Zip and to accept service of process for the above at the complete performance of my duties, and I decomplete performance of my duties. | pove stated limited appointment as the provisions of am familiar with |

Page 1 of 2

(CONTINUED)

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

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

| Title: | Name and Add | dress: |
|----------------------------------|--|--|
| "MGR" = Manage "MGRM" = Manag | | |
| MOKW - Manaj | ing Member | |
| MGR | Ken Huntington | |
| <u></u> | 8563 Cypress Spri | ngs Road |
| | Lake Worth, FL 33- | 467 |
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| (Use attachment if | • • | |
| ARTICLE V: Effective da | ite, if other than the date of filing: 7/18/1 | 3 (OPTIONAL) |
| | | nnot be more than five business days |
| prior to or 90 days after the | ne date of filing.) | |
| | | |
| DECLUDED CLO | A CONTRACTOR OF THE CONTRACTOR | |
| <u>REQUIRED</u> SIG | NATURE: | |
| | All Mint | 23 M |
| | MMM DIMMI / | mo P |
| | Signature of a member or an authorized rep | resentative of a member. |
| | | |
| (In accor | dance with section 608.408(3), Florida Statute as an affirmation under the penalties of perjury | s, the execution of this document Θ_{170} |
| I am awa | re that any false information submitted in a do- | cument to the Department of State |
| constitute | es a third degree felony as provided for in s.81 | 7.155, F.S.) |
| | Kenneth B. Huntington | |
| | 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)