

L14000143215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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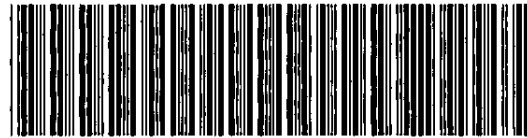
(Business Entity Name)

(Document Number)

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SEP 15 2014
14 SEP 15 PM 3:53

SEP 16 2014
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATERWAY-APTS "LLC"
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing. PH 305-866-6410

Please return all correspondence concerning this matter to the following:

HERBERT-KANOWITZ-OR FRANCES
Name of Person

WATERWAY-APTS
Firm/Company

8135 CRESPI-BLVD APT 5
Address

MIAMI-BEACH FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL-MAGLIOCO at 732 408-7701
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2014

HERBERT KAHOWITZ
8135 CRESPI BLVD APT 5
MIAMI BEACH, FL 33141

SUBJECT: WATERWAY-APTS LLC
Ref. Number: W14000046460

We have received your document for WATERWAY-APTS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only designate one person as the registered agent. Not two.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 314A00018542

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DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WATERWAY-APTS "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:

8135 CRESPI-BLVD
MIAMI-BEACH-FL 33141
APT 5

Mailing Address:

8135 CRESPI-BLVD
MIAMI-BEACH-FL-APT 5
33141

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:

HERBERT-KANOWITZ ~~HERBERT-KANOWITZ~~
Name

8135 CRESPI-BLVD-APT 5
Florida street address (P.O. Box **NOT** acceptable)

MIAMI-BEACH, FL 33141
City 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 605, F.S.

Herbert Kanowitz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS SERVICES

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

HERBERT-KANOWITZ "AMBR"
8135 CRESPID BLVD APT
MIAMI-BEACH, FL 33141

AMBR

FRANCES-KANOWITZ "AMBR"
8135 CRESPID BLVD APT
MIAMI-BEACH, FL 33141

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Frances Kanowitz

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

FRANCES-KANOWITZ

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)

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Division of Corporations
State of Florida