Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : KARL M. SCHMITZ, III, P.A.

Account Number : 120140000113

: (727) 450-0778

Fax Number

: (888) 225-3202

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

flyboy FA50@yahoo.com

FLORIDA LIMITED LIABILITY CO.

Openwater Investments, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY EXAMINER DEC 1 0 2014

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: OPENWATER INVESTMENTS Name of I	.LLC 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:	
KARL M. SCHMITZ, III. ESQ.	Name of Person	
KARL M. SCHMITZ, III. P.A.		
	Firm/Company	
701 ENTERPRISE ROAD EAST.	#502 Address	
	Address	
SAFETY HARBOR, FLORIDA 34		
	City/State and Zip Code	
karl@attomeytampa.com E-mail address: (to be us	ed for filture annual report notific	ation)
For further information concerning this matter, pl	ease call:	
Karl Schmitz at (Name of Person	727) 450-0778 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 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)
Malling Address Registration Section	Street/Courier Addr Registration Section	ress

Division of Corporations P.O. Box 6327 Tallahassec. FL 32314

Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
OPENWATER INVESTMENTS, LLC		
(Must end with the words "Limit	ted 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:	THE PARTY OF THE
Principal Office Address:	Mailing Address:	10000000000000000000000000000000000000
10828 Forest Run Drive Bradenton, FL 34211	10828 Forest Run Drive Bradenton, Ft 34211	FLOAID STATE
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registra	wn Registered Agent. You must designate an indiv	vidual or
The name and the Florida street address of the register	red agent are:	
Karl M. Schmitz III. Fea		

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..

34695

Zip

Name

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

701 Enterprise Road E., #502

City

Safety Harbor,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title;	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	Tame and Audi (55)	يس
AMBR	Victor Slacter 10828 Forest Run Drive	DAMPEC STATE
	Bradenton, FL 34211	
AMBR	Karen Slacter 10828 Forest Run Drive Bradenton, FL 34211	A A A A A A A A A A A A A A A A A A A
		CALLET OF
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specthe date of filing.)	f filing: (OPTIONAL) life and cannot be more than five business days prior to or 90	days after
ARTICLE VI: Other provisions, if any.		
	-	
REQUIRED SIGNATURE:		
(In accordance with section 605. constitutes an affirmation under I am aware that any false inform	Der or an authorized representative of a member. 0203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)	
Karl M. Schmitz, I	II. Esq. Typed or printed name of signee	

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: