## L14000 193767

(R	equestor's Name)	
(A	ddress)	<u>, -</u>
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(5)		
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600266643796

12/19/14--01008--003 \*\*125.00

DEPARTMENT OF STATE

DEC 22 2014 J. HARRIS SECRETARY OF STATE DIVISION OF CORPORATIONS



December 19, 2014

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 9383895 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

Longwater Run LLC

(FL)

Formation

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## **COVER LETTER**

	ration Section on of Corporations		
SUBJECT: _L	ongwater Run LLC		
	Name of Lii	nited Liability Company	
The enclosed A	rticles of Organization and fee(s) a	re submitted for filing.	
Please return al	l correspondence concerning this m	natter to the following:	
<u>He</u>	en_M, White		
		Name of Person	
<u>Dri</u>	unmond Woodsum	Pi- /C	
		Firm/Company	
84	Marginal Way, Suite 600	Address	· · · · · · · · · · · · · · · · · · ·
		Address	
Por	tland ME 04101-2480	Lity/State and Zip Code	
hwhite@d	wmlaw com	,	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further info	rmation concerning this matter, ple	ase call:	
Helen M. Whit	e at (_	207 ) 772-1941	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a ch	neck for the following amount:		
⊠ \$125.00 Filing	Fee S130.00 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 Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limite	d Liability Company is:		
Longwater Run LLC			
1)	Must end with the words "Lim	ited Liability Con	npany, "L.L.C.," or "LLC.")
ARTICLE II - Addre	\$ <b>9</b> :		
The mailing address an	d street address of the princip	al office of the Li	mited Liability Company is:
Principal Office Addr	<u>:ess:</u>	Mailing A	ddress:
18604 Avenue Monaco	o, Luiz FL 33558	1.8604 Av	cnue Monaco, Lutz FL 33558
(The Limited Liability	tered Agent, Registered Offi Company cannot serve as its of with an active Florida registr	own Registered Ag	l Agent's Signature: gent. You must designate an individual o
The name and the Flori	da street address of the regist	ered agent are:	
	Kevin	R. Bowden	
	N	ате	<del></del>
	18604 A	venue Monaco	
	Florida street address (P.O.	Box NOT accept	able)
	Lutz	<u>FL</u>	33558
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 DEC 19 PM 1: 31

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Kevin R. Rowden 18604 Avenue Monaco, Lutz Fl. 33558
	18004 A veline (Monaco, Luiz Fr. 33338
MGR	E. Yvette Bowden
	18604 Avenue Monaco, Lutz FL 33558
· · · · · · · · · · · · · · · · · · ·	
V: Effective date, if other than the tive date is listed, the date must be	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must if filling.)	date of filing:, (OPTIONAL) be specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must if filling.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must if filling.)  CVI: Other provisions, if any.	date of filing:
CV: Effective date, if other than the ctive date is listed, the date must if filling.)  CVI: Other provisions, if any.	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
CV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	pe specific and cannot be more than five business days prior to or
EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section)	a member or an authorized representative of a member.
EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	a member or an nutrorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the ctive date is listed, the date must if filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member.
E V: Effective date, if other than the ctive date is listed, the date must if filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an nutrorized representative of a member on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member, on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
CV: Effective date, if other than the effive date is listed, the date must it filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Kevin R. Bo	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) owden  Typed or printed name of signee  Filing Fees:
EV: Effective date, if other than the ctive date is listed, the date must if filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree Kevin R. Bo	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  widen  Typed or printed name of signee  Filing Fees: f Organization and Designation of Registered Agent

Page 2 of 2

14 DEC 19 PM 1: 31