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Special Instructions to	Filing Officer:	





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04/02/15--01023--002 **160.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ECT: MIAMI WATERWAYS, LLC Name o	f Limited Liability Company
	nclosed Articles of Organization and fee(•
ricase	return an correspondence concerning th	is matter to the following.
	Joseph A. Moretti	Name of Person
	Miami Waterways, LLC.	Firm/Company
	5920 NE 14th Lane	Address
	Fort Lauderdale, Florida, 33334	City/State and Zip Code
io	eM@miamiwaterways.com	City/State and Zip Code
1757	E-mail address: (to be	used for future annual report notification)
For fur	ther information concerning this matter,	please call:
josepr	n moretti & Name of Person	at (954) 536 0121 Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□ \$ 125.0	00 Filing Fee Status Certificate of Status	
	Mailing Address	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
Miami Waterways, LLC.			
(Must end with the words "Lin	nited Liability C	ompany, "L.L.C.,	" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	pal office of the	Limited Liability	Company is:
Principal Office Address:	Mailing	Address:	
5920 NE 14th Lane	SAME		
Fort Lauderdale, Florida 33334			
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered ration.)	Agent. You must	designate an individual or
Joseph Moretti Moretti Ya	achte Inc		
•	lame		•
5920 NE 14th Lane Florida street address (P.O.	Box NOT acce	ptable)	-
Fort Lauderdale, Floida 3	3334 FL		
City		Zip	-
Having been named as registered agent and to accept the place designated in this certificate, I hereby a capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Registered Agent's S	accept the appointions of all statute to obligations of the chapter 605, F.S.	tment as registered in the picture of the picture o	d agent and agree to act in this roper and complete performance
•	INUED)		₹ % =
Page	1 of 2		PH 3: 32

Title: "AMBR" = Authorize "MGR" = Manager	d Member	Name and Address;	-
<u>Manager</u>	_	Joseph A. Moretti	- -
	_		- -
	_		- -
(Use attachment if nec	essary)		-
CLE V: Effective date, if	other than the date of e date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or	- 90 days
CLE V: Effective date, if effective date is listed, the te of filing.) CLE VI: Other provisions	other than the date of e date must be specif , if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or	90 days
CLE V: Effective date, if effective date is listed, the te of filing.)	other than the date of e date must be specific, if any.	filing: (OPTIONAL) fic and cannot be more than five business days prior to or	15
CLE V: Effective date, if effective date is listed, the te of filing.) CLE VI: Other provisions REQUIRED SIGNAT (In accordan constitutes a	other than the date of e date must be specific, if any. FURE: Signature of a member of a member of the section 605.0 affirmation under the section for the s	Der or an authorized representative of a member.	15 APR -2
CLE V: Effective date, if effective date is listed, the te of filing.) CLE VI: Other provisions REQUIRED SIGNAT (In accordan constitutes a I am aware ti	other than the date of e date must be specifically if any. FURE: Signature of a membrace with section 605.0 in affirmation under that any false information third degree felony a	Deer or an authorized representative of a member.	15 APR -

Page 2 of 2