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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

10/08/15

COVER LETTER

TO:

er;

Registration Section

Div	vision of Corporations		
SUBJECT:	EBB TIDE CONSTRUCTIO	N & MANAGEME	NT, LLC
SOBJECT.	Nan	ne of Limited Liabili	ty Company
The enclosed	d Articles of Organization and	fee(s) are submitted	for filing.
Please return	n all correspondence concernin	g this matter to the f	ollowing:
	Asa R. Gillette, P.E.		
•		Name of	Person
	Ebb Tide Construction & Man	agement, LLC	
-		Firm/Co	mpany
	20 South 4th Street		
-		Addr	ess
	Fernandina Beach, FL 32034		
a	sa@gilletteassociates.com	City/State an	d Zip Code
_	E-mail address: (to	be used for future a	nnual report notification)
For further in	formation concerning this matte	er, please call:	
ı	Asa Gillette	904 at (219-7859
-	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amou	nt:	
]\$125.00 Fili	ing Fee \$\frac{130.00 \text{ Filing I}}{\text{Certificate of S}}	tatus L_Certifi	o Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee FI 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EBB TIDE CONSTRUCTION & MANAGEMEN	VT, LLC
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office of	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address:
ailing address and street address of the principal office	, , ,

The name and the Florida street address of the registered agent are:

Pratt O'Conner, Esq.		
	Name	
501 Centre Street		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
Fernandina Beach	FL	32034
City	State	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

15 OCT -5 PM 19: 16

	Title: "AMBR" = Authorized "MGR" = Manager	i Member	Name and Address:	
	MGR		Asa R. Gillette	
		_	2421 Los Robles Drive	
			Fernandina Beach, FL, 32034	
		_		
		_		
		-		
	(Use attachment if nece	essary)		
an e dat	effective date is listed, the e of filing.)	e date must be specific and	(OPTIONAL) d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will no	•
		n the Department of State's		
TIC	CLE VI: Other provisions, sional Limited Liability (if any.		
	REQUIRED SIGNAT	TURE: And	2 July	
		/ ~		
	This de I am a	ocument is executed in acc ware that any false informa	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.	

Page 2 of 2

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

Typed or printed name of signee

Filing Fees: