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(Re	equestor's Name)	
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SECRETARY OF STATE

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FEB - 9 2016

COVER LETTER

	503 Waterside Drive LLC
SUBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Susan Hofherr
	Name of Person
	C/O Authentic Provence
	Firm/Company
	3735 S Dixie Hwy
	West Palm Beach, FL:133405 Fig. 1775 April 1
9	City/State and Zip Code susan@authenticprovence.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Susan Hofherr 561 805-9995 at ()
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RTI	ICL	Æ	-	N	ame

The name of the Limited Liability Company is:

503 Waterside Drive 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:	Mailing Address:	EFFECTIVE DATE
3735 S Dixie Hwy	3735 S Dixie Hwy	1/1/14
West Palm Beach, FL 33405	West Palm Beach, FL 33405	
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:		

20/6 M4 20 PM 1:26

Suan Hofherr

Name

3735 S Dixie Hwy

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

West Palm Beach FL 33405

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

itle:	Name and Address:
AMBR" = Authorized	Member
MGR" = Manager	
1GR	Susan Hofherr
	3735 S Dixie Hwy
	West Palm Beach, FL 33405
	ALCONOMIC .
Use attachment if neces	ssary)
V: Effective date, if of tive date is listed, the	ther than the date of filing: 1/1/2016 1/25/2016 . (OPTIONAL) date must be specific and cannot be more than five business days prior to or 9
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ARTICLE IV-