## L16000036467

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
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(LO	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	tegistration Section Division of Corporations		•	
SUBJECT	Watermarke GP Investment LI	LC		
SOUGLE		e of Limited Lial	bility Company	
The enclos	sed Articles of Organization and fo	ee(s) are submitt	ted for filing.	
Please retu	urn all correspondence concerning	this matter to th	e following:	
	Steve Magiera			
		Name	of Person	_
	Watermarke GP Investment LLC	С		
		Firm/(	Company	
	605 Brookwood Ct			
		Ad	Idress	
	Ponte Vedra Beach, Florida 320	82		
	steve.magiera@pvventurepartner		and Zip Code	_
•			e annual report notification)	<del></del>
For further i	nformation concerning this matter	, please call:		
	Steve Magiera	904	803-7793	
	Name of Person	_at ( Area Code	Daytime Telephone Number	
Enclosed is	s a check for the following amoun	t:		
\$125.00 F	-	ee & \$155 tus Certi	5.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status of Certified Copy (additional copy is encl	
	Mailing Address New Filing Section		Street Address New Filing Section	
	Division of Corporations		New Filing Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Muct or	vestment LLC ad with the words "Limited"	Lighility Company	"I.I.C." o= "I.I.C.")			
(Iviusi ei	id with the words. Emilied	Liability Company,	, "L.L.C., OF "LLC. )			
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limited	Liability Company is:			
The maning address and succ	address of the principal of	nce of the Limited	Claumty Company is.			
<u>Princ</u>	ipal Office Address:		<u>Mailing Addı</u>	ress:		
605 Brookwood Ct			605 Brookwood Ct			
Ponte Vedra Beach	Ponte Vedra Beach, FL 32082		e Vedra Beach, FL 32082	2		
The name and the Florida street address of the registered agent are  Steve Magiera  Name  605 Brookwood Ct  Florida street address (P.O. Bo		Name	ocentral (a)	SECRETARY OF S ALLAHASSEE, FE	מרס הי	Secretary of the second
		· —	•			A SHEET
	Ponte Vedra Beach	Florida	32082	D.T. C	2	
Having been named as registere	te, I hereby accept the appoi	intment as registere ating to the proper		in this capacity. I ce of my duties, ar	7	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Steve Magiera
	605 Brookwood Ct
	Ponte Vedra Beach, FL 32082
AMBR	Jennifer Brower
	220 San Juan Drive
	Ponte Vedra Beach, FL 32082
AMBR	Ren Weise
	TI7 Palm Bay Ct ≥
	Ponte Vedra Beach, FL 32082
	<u> </u>
(Use attachment if necessary)	ATE ARE
ICLE V: Effective date, if other than the date of filin	ig: (OPTIONAL)
n effective date is listed, the date must be specific a	and cannot be more than five business days prior to or 90 days
ate of filing.)	!:kl4-4
locument's effective date on the Department of State	e applicable statutory filing requirements, this date will not be li
recurrent 3 effective date on the Department of State	c s records.
ICLE VI: Other provisions, if any.	
·····	

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Steve Magiera

Typed or printed name of signee

## Filing Fees:

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