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SECRETARY OF STATE
AND AHASSEE FLORID

## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporations	
SUBJECT:	Cedar key Canal an	Shoreline Enhancement Project, LLC. Limited Liability Company
The enclosed	1 Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
· _	William E. Delaine	, Jr.
_	SUBJECT: Cedar key Canal and Shareline Enhancement Project, LLC.  Name of Limited Liability Company  The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concorning this matter to the following:  William E. Delaind, Jr.  Name of Person  Cedar Key Canal and Shoreline Enhancement Project, LLC.  Firm/Company  1/91 8 \$\frac{1}{2}\$ Street Mail: Ro. Box/58  Address  Cedar Key, FL 32426  City/State and Zip Code  Pegbille bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  William E. Delaino, Jr. at 352  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$	
**		
	,	Firm/Company
	1191 8th Street	Mail: P.O. Box 158
-		Address
	Cedar Key, FL	32426
- -	peabille bellsout	City/State and Zip Code
_	E-mail address: (to be us	sed for future annual report notification)
For further in	formation concerning this matter, ple	ease call:
Willia	ME. Delaino, Ir. at	(352) 543-9360
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fili		Certified Copy  (additional copy is enclosed)  Certificate of Status &  Certified Copy
	New Filing Section	New Filing Section

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

	end with the words "Limited Lia				_	_
ARTICLE II - Address: The mailing address and str	cet address of the principal office	e of the Limited L	iability Company is:			
<u>Pri</u>	incipal Office Address:		Mailing Ad	ldress:		
1191 81	Street y, FL. 32625	P.C	P. Box 158		_	
Cedarke	Y, FL. 32625		lar Key, FL	32625	_	
	, i demonstration			·	_	
(The Limited Liability Com another business entity wit	d Agent, Registered Office, & Formany cannot serve as its own Regist an active Florida registration.)	gistered Agent. Yo	's Signature: ou must designate an	<u> </u>	16 MAR 15	p (
(The Limited Liability Com another business entity wit	npany cannot serve as its own Reg h an active Florida registration.) treet address of the registered ago	gistered Agent. Yo	's Signature: ou must designate an	individual of	16 MAR 15 PM	(A. 11) (A. 12)
(The Limited Liability Com another business entity wit	npany cannot serve as its own Reg h an active Florida registration.) treet address of the registered ago	gistered Agent. Yo	's Signature: ou must designate an	individual of	16 MAR 15 PH 2: 52	Date States Son
(The Limited Liability Com another business entity wit	npany cannot serve as its own Reg th an active Florida registration.)	ent are:  Alaimo Jr ame  Street	ou must designate an	individual of HASSE	16 MAR 15 PH 2: 52	D. 228 States SAN
(The Limited Liability Com another business entity wit	npany cannot serve as its own Reg th an active Florida registration.) treet address of the registered age William E. Do No. 1918 to	ent are:  Alains Ir ame  Street  O.O. Box NOT acc	ceptable)	individual of	16 MAR 15 PH 2: 52	The state of the s

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	The name and address of each person authorize	zed to manage and control the Limited Liability Company:	
William E. Delajno, Jr    1918	Title:	Name and Address:	
MGR    19 8th Street   Mail: DO BOX 158			
19 8th Street   Mail; Do Box 158   Cedar key, FL 32   Cedar key, FL 32     AMBR		William F Delain Jr	
AMBR  David Brach    1109 Palmetto Drive   Mail: 8974 SW 25th Rom   Cedar Key, FL 32625   Galactorille   FL 326  AMBR    John Schleede   RO. 60x 979     Cedar Key   FL 32626      Raticle V: Effective date, if other than the date of filing:   March 21, 2016   (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  The primary purpose of this LLC is the restoration and maintenance of the Goest Care Caral and Living Shareling located in Cedar Key, Florida.		1191 At Street Mail: DO BOX 158	
AMBR  David Brach    1109 Palmetto Drive   Mail: 8974 SW 25th Rom   Cedar Key, FL 32625   Galactorille   FL 326  AMBR    John Schleede   RO. 60x 979     Cedar Key   FL 32626      Raticle V: Effective date, if other than the date of filing:   March 21, 2016   (OPTIONAL)  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  ARTICLE VI: Other provisions, if any.  The primary purpose of this LLC is the restoration and maintenance of the Goest Care Caral and Living Shareling located in Cedar Key, Florida.	•	Colorkey FL 32625 Codar Key FL	3267
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	of the Goese Cove Canal and		
		C C C Contract	
REQUIRED SIGNATURE:	REOUIRED SIGNATURE:	A H	
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- Calari Si	- Cal		
Signature of a member or an authorized representative of a member 770 70 77 77 77 77 77 77 77 77 77 77 77			
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 1 am aware that any false information submitted in a document to the Department of States 1	l his document is executed in l am aware that any false infor	representation submitted in a document to the Department of States	
constitutes a third degree felony as provided for in s.817.155, F.S.		ony as provided for in s 817 155 FS	
	AA : II. La. J		
Typed or printed name of signee		ried 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)

**ARTICLE IV-**