## L16000122386

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Ri	siness Entity Nam	18)
(50	iomood Emily Man	10)
/De	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
·		
		ļ
ļ		

Office Use Only



500286857875

06/16/16--01006--004 \*\*125.00

16 JUN 16 PH 6: 45 K

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	WaterLoggedLLC		
300,12		Limited Liabilit	y Company
The end	closed Articles of Organization and fee(s)	are submitted 1	or filing.
Please r	return all correspondence concerning this	matter to the fo	llowing:
	TravisGomez-Phillips		
		Name of I	erson
	WaterLoggedLLC		
		Firm/Con	npany
	6 JewfishAve		
	<del> </del>	Addre	SS
	Key Largo, Florida 33037		
	waterloggedllc@gmail.com	City/State and	Zip Code
	E-mail address: (to be us	sed for future ar	nual report notification)
For furth	er information concerning this matter, ple	ase call:	
	Travis Gomez-Phillips	207	604-2892
	Name of Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for the following amount:		
\$125.0	0 Filing Fee \$\frac{130.00 \text{ Filing Fee & Certificate of Status}}{\text{Certificate of Status}}	Certifie	Spiling Fee & Spiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	] _ 1	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Fallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WaterLoggedLLC			
(Must end	with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ICLE II - Address: mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princi</u>	oal Office Address:		Mailing Address:
6 JewfishAve		6 Je	vfishAve
Key Largo, FL 330	37	Key	Largo,FL 33037
ICLE III - Registered Ag Limited Liability Compan			t's Signature: 'ou must designate an individual o
	y cannot serve as its own active Florida registration address of the registered	Registered Agent. Yn.) agent are:	
Limited Liability Compan ner business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. Yn.) agent are:	
Limited Liability Compan ner business entity with an	y cannot serve as its own active Florida registration address of the registered	Registered Agent. Yn.) agent are:	
Limited Liability Compan ner business entity with an	y cannot serve as its own active Florida registration address of the registered  Travis Gomez-Philli	Registered Agent. Yn.) agent are: ps Name	ou must designate an individual c
Limited Liability Compan ner business entity with an	y cannot serve as its own active Florida registration address of the registered  Travis Gomez-Philli 6 JewfishAve	Registered Agent. Yn.) agent are: ps Name	ou must designate an individual o

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

SECRETARY OF STAIL

	Title: "AMBR" = Authorized Me	Name and Address:
	"MGR" = Manager MGR	Travis Gomez-Phillips
		6 JewfishAve
		Key Largo, FL 33037
		· · · · · · · · · · · · · · · · · · ·
		- Attalies Williams
	(Use attachment if necessar	
	ective date is listed, the da	the date of filing: <u>08/13/1002</u> <u>06/13/2016</u> . (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days after
Note: If		ses not meet the applicable statutory filing requirements, this date will not be listed as artment of State's records.
ARTICL	E VI: Other provisions, if a	

**REOUIRED SIGNATURE:** 

ARTICLE IV.

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Travis Gomez-Phillips

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)

Page 2 of 2

16 JUN 16 PH 6: 45