

L16000161024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400289178844

08/22/16--01031--012 \*\*130.00

SECRET  
FALL 2016

16 AUG 22 AM 9:19

FILED

7/4  
8/30/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Wadewater Enterprises, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher W. Hardee

Name of Person

n/a

Firm/Company

3677 Newcastle Creek Drive

Address

Jacksonville, FL 32277

City/State and Zip Code

Chardee6@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher W. Hardee

904

444-0008

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)



\$160.00 Filing 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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WadeWater Enterprises, 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:

3677 Newcastle Creek Drive  
Jacksonville  
Florida 32277

Mailing Address:

3677 Newcastle Creek Drive  
Jacksonville  
Florida 32277

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christopher W. Hardee

Name

3677 Newcastle Creek Drive

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

Jacksonville

FL

32277

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)

16 AUG 22 AM 9:19  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Timothy Keith Hardee

6090 Braidwood Bend

Acworth, GA 30101

AMBR

Gordon Wayne Hardee

1461 River Lane

Green Cove Springs, FL

AMBR

Christopher W. Hardee

3677 Newcastle Creek Drive

Jacksonville, FL 32277

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8-16-2016 (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.

**REQUIRED SIGNATURE:**

  
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.

CHRISTOPHER W HARDEE

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)

16 AUG 22 AM 9:19