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## FLORIDA LIMITED LIABILITY CO. **WELLWATER 63 LLC**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WELLWATE	ER 63 LLC	
(Must end with the words "Limi	ted Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability C	ompany is:
Principal Office Address:	iling Address:	
23 WHIRLAWAY DRIVE PALM COAST, FLORIDA 32164	23 WHIRLAWAY DRIV PALM COAST, FLORIDA	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its of another business entity with an active Florida register.)  The name and the Florida street address of the register.  LAURICE VIOLA  Na  23 WHIRLAWAY DRI	wn Registered Agent. You must destion.)  red agent are:  me	
Florida street address (P.O. 1		
PALM COAST		
City	FL 32164 Zip	
Registered Agent's Si LAURI	cept the appointment as registered ons of all statutes relating to the pro- obligations of my position as registary to 605, F.S gnature (REQUIRED) CE VIOLA	agent and agree to act in this oper and complete performance
(CONTI	•	HAS ALS ALS ALS ALS ALS ALS ALS ALS ALS A
Page 1	<b>d</b> 72	\$5.50 T

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Title:	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AMBR ~	LAURICE VIOLA
<del></del>	23 WHIRLAWAY DRIVE
	PALM COAST FL 32164
· · · · ·	
	M
•	
Use attachment if necessary)	
EV: Effective date, if other than the c	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the cetive date is listed, the date must be filling.)	specific and cannot be more than five business days prior to or 90
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CV: Biffective date, if other than the cetive date is listed, the date must be filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member.
CV: Biffective date, if other than the cetive date is listed, the date must be filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sections of a provision	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the cetive date is listed, the date must be filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sectionstitutes an affirmation I am aware that any fals	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State
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CV: Biffective date, if other than the certive date is listed, the date must be filling.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation I am aware that any fals)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State

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