

L16000220694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

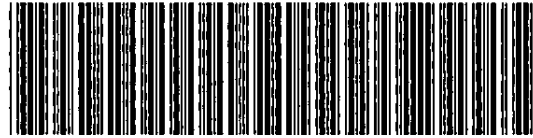
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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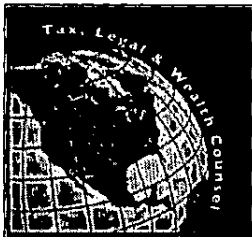


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Douglas P. Munson
1958 - 1992

William R. Culp, Jr.
W. Curtis Elliott, Jr.
John Joseph Carpenter
Christopher E. Hannum
Paul M. Hattenhauer
Jeffrey D. Barnes
Mark L. Richardson
Carl L. King
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CE&C
CULP ELLIOTT & CARPENTER, P.L.L.C.
Attorneys at Law

December 1, 2016

Via Certified Mail/Return Receipt Requested

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Re: FLORIDA WATERWAY SALES, LLC

Dear Sir or Madam:

Enclosed for filing please find Articles of Organization for Limited Liability Company and one (1) copy of same for the above-referenced entity, along with a check for one hundred twenty-five dollars (\$125) to cover the filing fees.

Kindly return the filed documents to me at the address above or email them to me at SAI@CECLAW.COM.

Please contact me with any questions. Thank you for your attention to this matter.

Sincerely yours,

CULP ELLIOTT & CARPENTER, P.L.L.C.

Sophia Assaad-Idrissi
Paralegal

Enclosure(s)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA WATERWAY SALES, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

SOPHIA A. IDRISSE

Name of Person

CULP ELLIOTT & CARPENTER, P.L.L.C

Firm/Company

4401 BARCLAY DOWNS DRIVE, SUITE 200

Address

CHARLOTTE, NC 28209

City/State and Zip Code

SAI@CECLAW.COM

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

For further information concerning this matter, please call:

SOPHIA A. IDRISSE

704

973-4046

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:

FLORIDA WATERWAY SALES, 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:

Mailing Address:

3129 Springbank Lane
Charlotte, NC 28226

3129 Springbank Lane
Charlotte, NC 28226

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:

William G. Allen

Name

5150 Tamiami Trail North Suite 403

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

Naples

FL

34103

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)

William G. Allen

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

William G. Allen

5150 Tamiami Trail North Suite 403

Naples, FL 34103

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

William G. Allen

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)