

L18000268655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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CLERK OF COURT  
DIVISION OF CORPORATION  
18 NOV 20 AM 5:34  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2018

JASON G ATLIF  
1478 KODAK DRIVE  
TITUSVILLE, FL 32796

SUBJECT: TITUSVILLE WATER SPORTS ACADEMY, LLC  
Ref. Number: W18000095436

We have received your document for TITUSVILLE WATER SPORTS ACADEMY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$125.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 918A00022368

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** TITUSVILLE WATER SPORTS COMPANY, 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:

JASON G. ALTIF

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1478 KODAK DRIVE

\_\_\_\_\_  
Address

TITUSVILLE, FLORIDA 32796

\_\_\_\_\_  
City/State and Zip Code

JALTIF@OUTLOOK.COM

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

For further information concerning this matter, please call:

JASON G. ALTIF

407

346-9534

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:

TITUSVILLE WATER SPORTS COMPANY,LLC.

(Must contain 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:

3405 S.WASHINGTON AVENUE  
TITUSVILLE, FLORIDA 32780

3405 S.WASHINGTON AVENUE  
TITUSVILLE, FLORIDA 32780

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:

THOMAS A. ALTIE

Name

3 INDIAN RIVER AVENUE #505

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

TITUSVILLE

FLORIDA

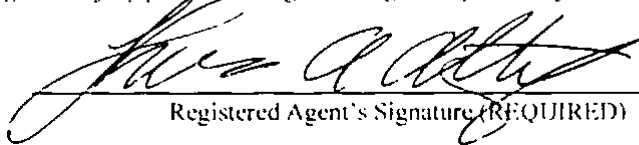
32796

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)

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 NOV 20 AM 5:34  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

**Name and Address:**

PATRICIA L. KRY  
15536 SEYMOUR LANE  
GROVELAND, FL 34736

TREASURER

KIMBERLY S. PISARSKI  
3848 N. ECONLOCKHATCHEE TRAIL  
ORLANDO, FL 32817

SECRETARY

JASON G. ALTIF  
1478 KODAK DRIVE  
TITUSVILLE, FL 32796

(Use attachment if necessary)

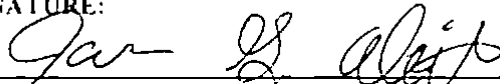
**ARTICLE V:** Effective date, if other than the date of filing: NOVEMBER 1, 2018. (OPTIONAL)

(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.

JASON G. ALTIF

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)

STATE OF FLORIDA  
DIVISION OF CORPORATION  
18 NOV 20 AM 5:34  
TALLAHASSEE, FLORIDA