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2021 FEB -5 AH 9 65 SECRETARY OF STATE TALLAHASSEE, FL

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Eastwatch, LLC				
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			<del></del>	LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
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				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
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## ARTICLES OF ORGANIZATION EASTWATCH, LLC A FLORI<u>DA LIM</u>ITED <u>LIABI</u>LITY C<u>OM</u>PANY

FILED

The undersigned, being authorized to execute and file these Articles, hereby certifies the ECRETARY OF STATE TALLAHASSEE FL

#### ARTICLE I - NAME

The name of the Limited Liability Company is: Eastwatch, LLC

#### <u>ARTICLE II – ADDRESS</u>

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 199 Island Creek Drive Vero Beach, FL 32963

Mailing Address: 199 Island Creek Drive Vero Beach, FL, 32963

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the initial Registered Agent are:

Anthony P. Guettler Gould Cooksey Fennell 979 Beachland Boulevard Vero Beach, FL 32963

Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 of the Florida Statutes.

Anthony P. Guettler, Registered Agent

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Manager of the Limited Liability Company shall be Hope B. Woodhouse.

Anthony P. Guettler, Authorized Representative