22000009954

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200378698542

01/06/22--01004--006 **130.00

2022 JAN 10 PM 1:01 SECRETALY OF STATE

W. 1/10/22

CORPORATE

When you need ACCESS to the world

ACCESS, INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			V	VALK IN
		P	PICK UP:	1/6 DANNY
		CERTIFIED COPY	,	
	XX	РНОТОСОРУ		
	XX	CUS	GS	
	xx	FILING	LLC	
1.		SHEARWATER PAI (CORPORATE NAME AND D		C
2.		(CORPORATE NAME AND D	OCUMENT #)	
3.		(CORPORATE NAME AND D	OCUMENT #)	
4.		(CORPORATE NAME AND D	OCUMENT #)	
5.		(CORPORATE NAME AND D	OCUMENT #)	
6.		(CORPORATE NAME AND DO	OCUMENT #)	
	CIA TRU	L CTIONS:		

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Orange Puffin Investments 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:
Jason Matthews
Name of Person
Orange Puffin Investments LLC
Firm/Company
301 W Platt St., #A343
Address
Tampa, FL 33606
City/State and Zip Code Jmatt@TeamABV.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason Matthews at (412) 414-4405
Name of Person Area Code
Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee X S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street 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



Corrected

January 6, 2022

CORPORATE ACCESS

SUBJECT: SHEARWATER PARTNERS LLC

Ref. Number: W22000001579

We have received your document for SHEARWATER PARTNERS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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.

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Letter Number: 822A00000432

FILED

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:

. The name of the Limited Liability Company is:

2022 JAN 10 PM 1: 01

SECRETARY OF STATE

(Must contain the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
I - Address:	
address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
V Platt St., #A343 Tampa, FL 33606	

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:

Jason Ma	itthews	
301 W Platt St.,	Name #A343	
Florida street add Tampa, F	ress (P.O. Box <u>NOT</u> ac L 33606	cceptable)
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..

Jason Watthews

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	1)	TI	~ 1	r to	IV.
- 1	к		ιı	ı r	1 V -

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

	Name and Address:
"MGR" = Manager	
MGR	Jason Matthews
	301 W Platt St., #A343 Tampa, FL 33606
	44. O.S.
	SECRETARY OF STAT
	HASA ASA
(Line attach want if a consumer)	FL
(Use attachment if necessary)	rri -
T. F. V. Effective date if other than the date of I	filing: (OPTIONAL)
ffective date is listed, the date must be specified of filing.) If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be list
ffective date is listed, the date must be specif e of filing.)	fic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be list State's records.
ffective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meet cument's effective date on the Department of S	fic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be list
ffective date is listed, the date must be specifie of filing.) If the date inserted in this block does not meet rument's effective date on the Department of SELE VI: Other provisions, if any. REQUIRED SIGNATURE:	fic and cannot be more than five business days prior to or 90 days a the applicable statutory filing requirements, this date will not be list. State's records.
ffective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet cument's effective date on the Department of SCLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membal This document is executed I am aware that any false interests.	the applicable statutory filing requirements, this date will not be listed State's records. Watthewa Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State flory as provided for in s.817.155, F.S.

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)