PAGE 81/04 H220003048963

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000309896 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : QUARLES & BRADY LLP

Account Number : I20000000067 Phone : (239)434-4922 Fax Number : (239)213-5452

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addre	:SS:	 	

FLORIDA LIMITED LIABILITY CO.

Waterside LPH. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

Hzz0003098963

COVER LETTER

	New Fling Section of Cor						
CI'D YE C	Waterside I						
SUBJEC	т:	Nam	of Limited Lial	oility Company			
The enclo	osed Articles of	Organization and f	cc(s) are submitt	ed for filing.			
Please tet	turn all correspo	ndence concerning	this matter to th	e following:			
	Cedric R. Ec	kenrodc, Trustee -	Cedric R. Ecken	rode Revocable Trust of	2022		
		, .,,	Name	of Person	· · · · · · · · · · · · · · · · · · ·		
			Fizm/	Сотрапу		·_	_
	26300 Morto	m Ave	•				
			A	1dress			_
	Bonita Sprin	gs, FL 34135					_
	lorijane.graha	m@quarles.com	City/State	and Zip Code			—
	1	E-mail address: (to	be used for futur	re annual report notificat	ion)		
For further	r information co	ncerning this matte	r, please call:				
	Pamela Lund	borg	239 at (434-4959)			
	Nam	e of Person	Area Code	Daytime Telephor	e Number		
Enclosed	l is a check for t	he following amou	nt:			Sici	22 9
□\$ 125.	00 Filing Fee	S130.00 Filin Certificate of St	atus Cer	155.00 Filing Fee & tified Copy ional copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status	co closed) [T
	New F Divisi P.O. B	iting Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810	CRIDA	12: 35

H220003098963

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- Him Commons in			
The name of the Limited Lizi	ounty Company is.			
Waterida I DW 1	1.0			.
Waterside LPH, I (Must o	contain the words "Limited L	iability Company, '	'L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal of	fice of the Limited	Liability Company is:	
Prir	scipal Office Address:		Mailing Addre	<u>59</u> :
26300 Morton A	ve		0 Morton Avc.	
Bonita Springs, I		Boni	ta Springs, FL 34135	
	<u> </u>			
(The Limited Liability Companother business entity with	an active Florida registratio	n.)		
	26300 Morton Ave.			
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)	
	Bonita Springs	FL	34135	
	City	State	Zip	
Having been named as registe place designated in this certifi further agree to comply with tam familiar with and accept to	icate. I hereby accept the app he provisions of all statutes r he obligations of my position Ca	ointment as register Lating to the prope	ed agent and agree to act to and complete performance as provided for in Chapter bancode	n this capacity. I se of my duties, and I
		(CONTINUED)		

Hzz0003098963

QUARLES 8 BRADY H220003098963

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. Codric R Cokanada	Title:		Name and Address:	
(Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: (OPTIONAL)		-		
(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 dt ate of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be occument's effective date on the Department of State's records. (ICLE VI: Other provisions, if any. (ICLE VI: Other provisions) (ICLE VI: Other provisions)	MGR		Cedric R. Eckenrode 26300 Morton Ave.	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			Bonita Springs, FL 34135	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be becoment's effective date on the Department of State's records. CLE 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. Cedric R. Eckenrode Typed or printed name of signee				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:				
REQUIRED SIGNATURE: Cadric R. Calamada Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of a maware that any false information submitted in a document to the Department of State? Cedric R. Calamada Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of a maware that any false information submitted in a document to the Department of State? Cedric R. Eckenrode Typed or printed name of signee				—
REQUIRED SIGNATURE: Cadric R. Calamada Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of a maware that any false information submitted in a document to the Department of State? Cedric R. Calamada Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statute of a maware that any false information submitted in a document to the Department of State? Cedric R. Eckenrode Typed or printed name of signee				
Signature of a member or an authorized representative of a member of 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 of the Department of State? constitutes a third degree felony as provided for in s.817.155, F.S. Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective	ve date, if other than th	to date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or	90 ds
Signature of a member or an authorized representative of a member 7000 No. 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. Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is ate of filling.) If the date insecument's effect	ve date, if other than the listed, the date must extend in this block does ive date on the Depart	s not meet the applicable statutory filing requirements, this date will	
Signature of a member or an authorized representative of a member. On 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 States constitutes a third degree felony as provided for in s.817.155, F.S. Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is ate of filing.) If the date insecument's effect CLE VI: Other p	vo date, if other than the listed, the date must erted in this block does ive date on the Depart	s not meet the applicable statutory filing requirements, this date will tment of State's records.	
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. Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	ve date, if other than the listed, the date must exted in this block does live date on the Departure provisions, if any.	s not meet the applicable statutory filing requirements, this date will tment of State's records.	
I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S. Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is ate of filing.) If the date insecument's effect CLE VI: Other p	vo date, if other than the listed, the date must exted in this block does live date on the Depart provisions, if any. 2 SIGNATURE:	s not meet the applicable statutory filing requirements, this date will train of State's records.	not be
Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	vo date, if other than the listed, the date must exted in this block does live date on the Departure of the Departure of Signature of Signature of the listed in the Departure of the Departure o	s not meet the applicable statutory filing requirements, this date will train of State's records. Sedric R. Ekanods of a member or an authorized representative of a member.	not be
Cedric R. Eckenrode Typed or printed name of signee	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	vo date, if other than the listed, the date must cred in this block does ive date on the Departure date on the Departure of Signature of This document is	s not meet the applicable statutory filing requirements, this date will train of State's records. Sedic R. Eksnods of a member or an authorized representative of a member.	not be
Typed or printed name of signee	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	vo date, if other than the listed, the date must cred in this block does ive date on the Departure date on the Departure is a light and aware that an	s not meet the applicable statutory filing requirements, this date will train of State's records. Sedric R. Ekanods of a member or an authorized representative of a member concept of a member of a	not be
Filting Coars	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	vo date, if other than the listed, the date must cred in this block does ive date on the Departure date on the Departure is a light and aware that an	s not meet the applicable statutory filing requirements, this date will transfer of State's records. Seduc R Eleanods of a member or an authorized representative of a member executed in accordance with section 605.0203 (1) (b), Florida Statut by false information submitted in a document to the Department of Stategree felony as provided for in s.817.155, F.S.	22.55P 1
Eiline Coore	CLE V: Effective date is ate of filing.) : If the date insecument's effect (CLE VI: Other)	vo date, if other than the listed, the date must cred in this block does ive date on the Departure date on the Departure is a light and aware that an	s not meet the applicable statutory filing requirements, this date will transfer of State's records. Seduc R Cleanada of a member or an authorized representative of a member can executed in accordance with section 605.0203 (1) (b), Florida Statut by false information submitted in a document to the Department of States of the section as provided for in s.817.155, F.S.	22.SEP -8
	CLE V: Effective date is attended of filing.) If the date insection of the comment's effect of the cle vi. Other parts of the cl	vo date, if other than the listed, the date must cred in this block does ive date on the Departure date on the Departure is a light and aware that an	s not meet the applicable statutory filing requirements, this date will transfer of State's records. Seduce R. Eckenrode General authorized representative of a member of a member of a member of an authorized representative of a member of a memb	22.SEP -8
	ICLE V: Effective date is ate of filing.) If the date insecument's effect included in the image occurrent's effect included in the image in the ima	vo date, if other than the listed, the date must exted in this block does ive date on the Departure of the date on the Departure. Signature of This document is I am aware that an constitutes a third	s not meet the applicable statutory filing requirements, this date will transfer of State's records. Seduce R. Eckenrode General authorized representative of a member of statutory false information submitted in a document to the Department of State information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. Cedric R. Eckenrode Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent	22.SEP -8