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(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: <u>Affordabl</u>	e Aquatic Weed Control Name of Li	LLC mited Liability Company	<u> </u>
The en	closed Articles o	f Organization and fee(s) a	re submitted for filing.	
Please	return all corresp	ondence concerning this n	natter to the following:	
	Kurt A. Are	endas		
			Name of Person	
			Firm/Company	
	Post Office	Box 702348	Address	
	Saint Cloud	d, Florida 34770	77. 70	
.А	AWControl@gm	nail com	City/State and Zip Code	ition)
For fur	ther information	concerning this matter, ple	ase call:	
Kurt A	arendas Name	at (at (at (at (at (at (at (407) 702-8710 Area Code Daytime Tel	ephone Number
Enclos	ed is a check for	the following amount:		
□ \$125.0	0 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)
		ng Address ration Section	Street/Courier Adda Registration Section	ress
		on of Corporations	Division of Corporat	ions
	P.O. E	3ox 6327	Clifton Building	
	Tallah	assee, FL 32314	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:	
Affordable Aquatic Weed Control, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
930 East Lakeshore Blvd Kissimmee, FL 34744	Post Office Box 702348 Saint Cloud, Florida 34470
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
Christine E. Arendas	
Name	F5.1 C
1516 East Colonial Drive, Ste 2	
Florida street address (P.O. Box I	NOT acceptable)
Orlando	FL 32803
City	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)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Kurt Arendas
AMBR	Post Office Box 702348 Saint Cloud, FL 34770
AMBR	Christine E. Arendas Post Office Box 702348 Saint Cloud, FL 34770
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the data an effective date is listed, the date must be s date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days a
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 50 perjury that the facts stated herein are true. 51 perjury that the facts stated herein are true. 52 perjury that the facts stated herein are true. 53 perjury that the facts stated herein are true. 54 perjury that the facts stated herein are true.
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

Filing Fees: