

L04000003229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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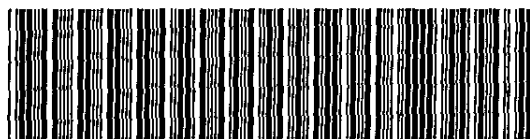
(Business Entity Name)

(Document Number)

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2004 JAN 13 AM 8:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W03-39574

J. BRYAN JAN 14 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE IRRIGATION SOLUTIONS, 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:

TONY EARLY
(Name of Person)

INNOVATIVE IRRIGATION SOLUTIONS, LLC
(Firm/Company)

3201 CUSTER DRIVE
(Address)

HOLIDAY, FL 34690
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY EARLY at (727) 420-6249
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 29, 2003

TONY EARY
INNOVATIVE IRRIGATION SOLUTIONS, LLC
3201 CUSTER DRIVE
HOLIDAY, FL 34690

SUBJECT: INNOVATIVE IRRIGATION SOLUTIONS, LLC
Ref. Number: W03000039574

Please sign and return your check along with this document in order to complete your filing.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 003A00068998

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

INNOVATIVE IRRIGATION SOLUTIONS, LLC

ARTICLE II - Address:

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

Principal Office Address:

3201 CUSTER DRIVE
HOLIDAY, FL 34690

Mailing Address:

3201 CUSTER DRIVE
HOLIDAY, FL 34690

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

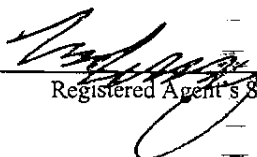
The name and the Florida street address of the registered agent are:

TONY BARRY
Name

3201 CUSTER DRIVE
Florida street address (P.O. Box NOT acceptable)

HOLIDAY, FLORIDA 34690
City, State, and 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 608, Florida Statutes..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

TONY KARY
3201 CUSTER DRIVE
MOBILE, AL 36680

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TONY KARY

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)