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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 18 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** H2O Irrigation Systems Ltd. Co.  
(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:

Iris Menendez  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

7074 Lake Island Drive  
(Address)

Lake Worth, Fl. 33467  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Iris Menendez at (561) 789-5272  
(Name of Person) (Area Code & Daytime Telephone Number)  
561-297-0099

**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

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

H2O Irrigation Systems Ltd. Co.

**ARTICLE II - Address:**

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

**Principal Office Address:**

7074 Lake Island Dr.  
Lake Worth  
Florida, 33467

**Mailing Address:**

7074 Lake Island Dr.  
Lake Worth  
Florida, 33467

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

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

Tris P. Menendez  
Name

7074 Lake Island Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Lake Worth FLORIDA 33467  
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..*

Tris P. Menendez  
Registered Agent's Signature

**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

MGRM

MGRM

MGR.

**Name and Address:**

Fernando Menendez  
7074 Lake Island Dr.  
Lake Worth, FL 33467

IQUIER Menendez  
1203 S. Dixie Hwy  
DelRay Bch, FL 33483

Tris Menendez  
7074 Lake Island Dr.  
Lake Worth, FL 33483.

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Fernando Menendez

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.)

FERNANDO Menendez

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)

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