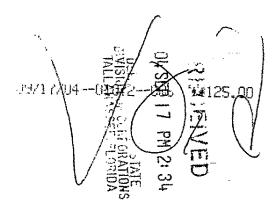
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(Requestor's Name)	
(Address)	
(Address)	—
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
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(Dissipant Fulfo Mana)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	\neg
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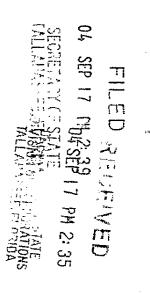
Office Use Only



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93/17/04--01072--006 **125.00



TRANSMITTAL LETTER

TO: Registration Division of C						
SURIFCT	H20 4	6C				
Sebster	(Name	of Limited Liability Company)				
The enclosed Articles	of Organization and fee(s	s) are submitted for filing.				
	espondence concerning thi	· -				
Richar	L <u>Kelly</u> (Name of Person)					
<u>H2</u>	O 24C (Firm/Company)			~	**	
H20 LLC	(Address)	7		-	 .	
- Milles has	(City/State and Zip Co	3/5- 7327 de)		T's	0	
For further information	n concerning this matter, p	please call:		CORETA	4 SEP	T
Richard	R Kelly	at (\$50) 55 (Area Code & Daytime 1	6-0724	155 155 155 155 155 155 155 155 155 155	17	
(Nar	ne of Person	(Area Code & Daytime 1	Telephone Number)	TARY OF STAT	SEP 17 PH 2: 35	<u> </u>
Enclosed is a check for the i	following amount:			탈큐	39	
文 \$125.00 Filing Fee 口	\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & (Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &		
STREET AI	DDRESS:		G ADDRESS:			
Registration S Division of C	Corporations	Division of	on Section of Corporations			
409 E. Gaine	s Street	P.O. Box	6327			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
H20 LLC	
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
H20 LLC	H20 LLC
547 North Mororoe Street, Suite 201	P.s. Bx 37307
HJO LLC 547 North Mororoe Street, Suite 201 TAPLESSEE, FL 32301	TAllahasse, FL 30315-7327
The name and the Florida street address of the register Richard L. Ke Name 547 North Mouroe Florida street address (P.O. Box)	<u>/ly</u>
TAllkhassee FL City, State, and Zip	32301
Having been named as registered agent and to accept liability company at the place designated in this certific registered agent and agree to act in this capacity. If ustatutes relating to the proper and complete performant accept the obligations of my position as registered agent. Registered Agent's Sign	service of process for the above stated limited licate, I hereby accept the appointment as starther agree to comply with the provisions of all nice of my duties, and I am familiar with and and as provided for in Chapter 608, F.S. 22

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manage "MGRM" = Mana					
MGRM	<u></u> .	William 6. Rollins			
· •		William 6. Rollins 31 Fisher Creek Creeforbulle, FC 32327			
MGRM		Richard L. Kelly			
	*	HAVANA, EL 32333			
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			<u> </u>		
	-				
			·		
(Use attachment if	necessary)				
NOTE: An addit	ional article must be :	added if an effective date is requested.			
REQUIRED SIG	NATURE:				
	Ruch	l) VIII			
	Signature of a member o	r an authorized representative of a member.	NAT SE	40	
	(In accordance with section of this document constitut that the facts stated herein	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	CRETARI	SEP 17	=======================================
	Ruc hard Typed	L. Ke/ly I or printed name of signee	OF ST	PH 2:	IL ED
	\$ \$	Filing Fees: 100.00 Filing Fee for Articles of Organization 25.00 Designation of Registered Agent 30.00 Certified Copy (Optional)		39	
		5.00 Certificate of Status (Optional)			

Name and Address: