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SECKETARY OF STATE TALLAHASSEE, FLORIDA

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WH-699085

TRANSMITTAL LETTER

Division of Corporations
TUBJECT: REV SMITH WATER CONDITIONING LLC
(Name of Limited Liability Company).
he enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: (Name of Person)
REK SMITH WATER CONDITIONING LLC (Firm/Company)
1181 LOOP ROAD
(Address) AUBURNONE, FL 33823 (City/State and Zip Code)
or further information concerning this matter, please call:
Rex W. Sm 17H at (863) 529-7908 (Name of Person) (Area Code & Daytime Telephone Number)
•

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 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	in Company for	·	·
The name of the Limited Liabili	ity Company is:		, _
KEY OMITH	I NIATER CL	MOITIONING A	LC_
ARTICLE II - Address:		* * .	
The mailing address and street a	iddress of the principa	al office of the Limited Li	ability Company is:
Principal Office Address:		Mailing Address:	
1101 / DOO Poor		Manual Addiess.	\mathcal{L}
1181 KOOP ROAL	<u>) </u>	1181 1000	KOAD
ALIRIPHINALE FT 3	3823	ALIALIDADALA	E [] 13823
manife, it is		TIURDOUNGE	TE ODONO
	_		
•	₩ .	No.	V. Communication of the Commun
	,	,	
ARTICLE III - Registered Ago			Signature:
The name and the Florida street:	address of the register	red agent are:	
	Dag 11/ <		
	JEX W. J	MITH	
·	Name .	- A	
	1181 1001	KOAD	
Florida s	street address (P.O. Box N	(OT acceptable)	# 1 1
*	2. 2. 2	77000	
		ORIDA 33823	≥ 6 ≥
•	City, State, and Zip		WHY CHE
g been named as registered agent an	nd to accept service of	process for the above state	
any at the place designated in this ce	rtificate, I hereby acce	pt the appointment as regi	stered agent and
o act in this capacity. I further agree	e to comply with the pr	ovisions of all statutes rela	tting to the proper 🖫
omplete performance of my duties, a	nd I am familiar with a rovided for in Chapter	md accept the obligations of	of my positigg 🛱 s 🛚 💆
	OVIDED for in Chanter	DUX KINTIAA YAANAA	1

Page 1 of 2 (CONTINUED)

The name and address of each Manager	or Managing Member is as follow	'S:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		udia "			-
_MGR	KEX W. SMIT 1181 LOOP ROI AUDURNOAIE, FL	TH 10 338	2.3		•	
· · · · · · · · · · · · · · · · · · ·						
		· 				
			<u></u>		- .	.
(Use attachment if necessary)		· <u>····</u>				
NOTE: An additional article must be	added if an effective date is requ	ested.	,			
REQUIRED SIGNATURE:		•				
Signature of a member or an au	thorized representative of a member.	·. 12*	₹-	TALLA TALLA	3S 110	
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	108(3), Florida Statutes, the execution firmation under the penalties of perjury			HASSEE, FLO	DU SEP 20 PM	
. Typed or prin	ted name of signee	/	•	器	2:	

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)

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