L04000077917

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
004AWV61869
$\mathcal{A}_{\mathcal{A}}$



100041752031

94 OCT 27 PM I2: 48



FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 10-27-04

NAME: HASPURE H2O LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125 + \$30= \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL MODGE

ARTICLES OF ORGANIZATION OF HasPure H2O, L.L.C.

ARTICLE I. The name of the limited liability company is HasPure H2O, L.L.C.

Or OLL STORY ARTICLE II. The mailing address and street address of the principal office of HasPun H2O, L.L.C. is 12342 US Highway 19, Hudson, Florida 34667.

ARTICLE III. The name and the Florida street address of the registered agent are

Capitol Corporate Services, Inc. 1333 North Duval Street Tallahassee, Florida 32303

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, F.S..

ARTICLE IV. The name and address of each Manager is as follows:

Title:

Name and Address:

MGR.

Bob Fulton

12342 US Highway 19 Hudson, Florida 34667

MGR

Mike Haslam

12342 US Highway 19 Hudson, Florida 34667

Bob Fulton, Manager

(in accordance with section 608.408(3), Plorida Statutes, the execution of this decument constitutes an affirmation under the penalties of perjury that the facts stated herein are true)