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(Req	uestor's Name)	
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(City/	State/Zip/Phone	<i>∓#</i>)
PICK-UP	MAIT	MAIL
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(Doce	ıment Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Fi	ling Officer:	
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SFFECTIVE DATE

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Crystal Clear Aquarium Service, LLC		
(Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Raymond C. Bloom	Jame of Person)	
7)	name of Person)	
Crystal Clear Aquarium Service, LLC		
(I	Firm/Company)	
4406 S.E. Nimrod Lane		
	(Address)	
Stuart, FL 34997		
(City/	State and Zip Code)	
For further information concerning this matter, please of	call:	
Raymond C. Bloom	at (561) 596-1020	
(Name of Person)	(Area Code & Daytime 1	Telephone Number)
Enclosed is a check for the following amount:	_	
\$125.00 Filing Fee \$\times \text{ \$130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	
Registration Section Division of Corporations	Registration Division of C	Corporations
409 E. Gaines Street	P.O. Box 632	21

Tallahassee, Florida 32314

Tallahassee, Florida 32399

GA/OS.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limit	ed Liability Company	y is:	
Crystal Clear Aquarium	Service, LLC		
ARTICLE II - Addre	ess:		
The mailing address a	nd street address of th	ne principal office of the Limited Lia	bility Company is:
Principal Office Address:		Mailing Address:	
4406 S.E. Nimrod Lane		4406 S.E. Nimrod Lane	
Stuart, FL 34997		Stuart, FL 34997	
The name and the Flor		ered Office, & Registered Agent's the registered agent are:	SECRETA DIVISION OF 05 SEP
Name		6 (R)	
44	06 S.E. Nimrod Lane		AM 8:
	Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	ATE ATE
Stu	art, FL 34997	FL	- ts
	City St	ate and Zin	

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..

Registered Agent's Signature

(CONTINUED)

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:		
MGR	Raymond C. Bloom 4406 S.E. Nimrod Lane Stuart, FL 34997	- -	
(Use attachment if necessary)			
•	added if an effective date is requested.		
(In accordance with section of this document constitute	r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury	05 SEP -6 AM	SECRETARY OF DIVISION OF CORP
that the facts stated here	in are true.)	89	STAT DRATI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

(CONTINUED)
Page 2 of 13

ARTICLE V – Effective Date:	
The effective date of the Limited Liability Company is September 1, 200	5.

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

Raymond C. Bloom
Typed or printed name of signee