

L05000102012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

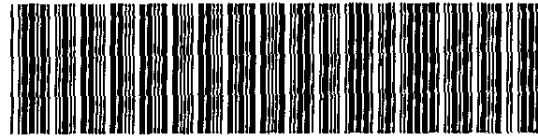
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 14 PM 2:29

STATE  
OFFICE

10/17  
Cattell

October 11, 2005

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Dear Mr. or Ms.:

Please find enclosed the following:

1. An original and one copy of Articles of Organization for Pure Liquid Properties LLC.
2. A check in the amount of \$155.00 for the filing fee and for a certified copy of the Articles of Organization.

Please file the originally signed Articles and return the copy to me in the enclosed envelope after it has been stamped and accepted for filing.

I can be contacted at the mailing address and phone number below.

Yours truly,



David W. Auston  
8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135  
(239) 273-1376

Enclosures

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STATE  
FLORIDA

**EXHIBIT A**

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

**ARTICLE I  
Name**

The name of the Limited Liability Company is Pure Liquid Properties LLC.

**ARTICLE II  
Address**

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

**Principal Office Address:**

8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135

**Mailing Address:**

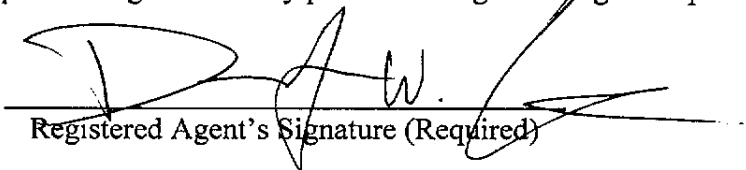
8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135

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

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

David Auston  
8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135

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 (Required)

**ARTICLE IV**  
**Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Garrett Lister  
8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135

MGRM


David Auston  
8800 Bernwood Parkway, Suite 6  
Bonita Springs, FL 34135

**ARTICLE V**

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)

*(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)*

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized  
representative of a member

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA

*(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.)*

Garrett Lister

\_\_\_\_\_  
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)