10000053055

(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:	





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05/16/06--01006--016 **130.00

FILED SECRETARY OF STATE DIVISION OF LINEDMANDERS



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Central Florida Water Softeners, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roger A. Delaney (Name of Person)
(Firm/Company)
3442 Hawkin Drive
KISSIMMEE FL 34746 (City/State and Zip Code)
For further information concerning this matter, please call:
Robin Delaney at (407) 319-1930 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DIVISION OF COMES TATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	bility Company is:		
Central Fl (Must end with the words "Limited Li		Vater Softer Company" or their abbreviation "LLC," or	er"LLC"
ARTICLE II - Address: The mailing address and stre	et address of the pri	ncipal office of the Limited Liabi	lity Company is:
Principal Office Address:		Mailing Address:	
3442 Hawkir Kissimmee	1Dr. FL 34746	3442 Hawkin Kissimmee,	Dr. EL34746
	ot serve as its own Register	Office, & Registered Agent's Sired Agent. You must designate an individual	
The name and the Florida str	reet address of the re	gistered agent are:	
Ý	Gover De	loney	
·	Name	· · · · · · · · · · · · · · · · · · ·	
34	142 Haw	Kin Dr.	
. /	Florida street addr	ress (P.O. Box NOT acceptable)	
KIS	Simmee City, State, an	FL 3474 Co nd Zip	
	-	ccept service of process for the abo	
; -	_	is certificate, I hereby accept the a . I further agree to comply with the	
<u> </u>		formance of my duties, and I am fa	= -
accept the obligations of	my position as regist	tered agent as provided for in Chap	oter 608, F.S
Re	gistered Agent's Signatu	Dolane (REQUIRED)	SECRETAR DIVISION OF P.
		_	5 ⁻ √-
	(CONTINU Page 1 of 2	J ED)	TATL STIDAS 1:31

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

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

"MGRM" = Manag	ging Member	Robin CogidaT Delan
11010	-	3442 Hawkin Dr. Kissimmee FL 34
	- : :	
	-	
		
(Use attachment if	f necessary)	
(Ose attachment n	. Hecessary)	

REQUIRED SIGNATURE:

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

(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.)

Chin Cosidu - D

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)

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