j

L06000068693

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
•					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(See Marie)					
(Document Number)					
(Booding Namber)					
Cartified Conjec Cartificator of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					
·					

Office Use Only



100076926911

07/07/06--01030--011 **160.00

FILED

06 JUL -7 PH 2: IX

SECRETARY OF STATE
ORIDA

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	QUARIUS F (Name of Limite	Ed Liability Company)	. C
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
	Raymon	d Keller	
	Aquarius	Florida	LLC
		(Firm/Company)	
	2275 130	oner Lane,	Svite 1
	Ft. My	ees FL /State and Zip Code)	339/2
For further information	concerning this matter, please	call:	
Raymo	of Person)	at (239) 432 (Area Code & Daytime To 239 - 450	- 28 44 OR elephone Number) 0 - 3155 (0011)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Aguarius Florida LLC (Must end with the worlds "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
FORT MYERS FL Same 339/2
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Raymond Keller AFASSE J FE
Florida street address (P.O. Box NOT acceptable) Ft. Myles FL 339/2 City, State, and Zip
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member		Name and Address:				
_1	MGRM	Raymond Keller 12275 Bruner La Ft. My ero FL 33	2 ne 5	'vi't	e 1	
	MGRM	Dawn Keller 2275 Bruner Lan Et. Myers FL	e 501	ite 2	1	
_						
(U)	se attachment if necessary)					
(If an effec	EV: Effective date, if other than the date tive date is listed, the date must be spays after the date of filing.)	ce of filing: (o	OPTION siness d	•	rior	
RI	EQUIRED SIGNATURE:					
	Signature of a member of	an authorized representative of a member.	SECRE I	OS JUL	- 11	
	(In accordance with section of this document constitute that the facts stated here R 244 Typed	m 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) Mond Kelle R or printed name of signee	ARY OF STATE ASSEE, FLORID.	-7 PM 2: 19	ILED	
	Fiting Fees:	••	13			
	\$125.00 Filing Fee for Articles of Organiza	ntion and Designation				

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

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

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)