| (Requestor's Name) | | |
|---|-------------------|-------------|
| | | |
| (Address) | | |
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| (Address) | | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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SECRETARY OF STATE



COVER LETTER

| TO: Registration Se Division of Co | | | | |
|---------------------------------------|---|--|--|-------------|
| SUBJECT: ENVI | RUMENTAL WATER (Name of Limited | SOLUTIONS, LLC d Liability Company) | | |
| The enclosed Articles of | f Organization and fee(s) are so | ubmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | er to the following: | | |
| MATTHE | N MUNTGOMERY | | | |
| 1 - WELLER | N 11 (ON 1 COMERTY | Name of Person) | | |
| | | | | |
| | (| Firm/Company) | | |
| 14250 (| MONIAL GRANT | BLVD., #2902 | | |
| 11200 | OLONIAL GRAND | (Address) | | |
| | FL 32837 | | | |
| ORCANDO, | (City | /State and Zip Code) | | |
| | | | | |
| For further information | concerning this matter, please | call: | | |
| MATTHEW M | UNTCOMERY | at (321) 231-6 | 271 | |
| (Name | of Person) | (Area Code & Daytime Tel | ephone Number) | |
| Enclosed is a check for | or the following amount: | | | |
| | \$130.00 Filing Fee & | \$155.00 Filing Fee & | \$160.00 Filing Fe | ee. |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status of Certified Copy (additional copy is enclos | & |
| | | | | • |
| | Mailing Address Registration Section | Street/Courier Address Registration Section | | |
| | Division of Corporations P.O. Box 6327 | Division of Corporation | s IAI | 2 |
| | Tallahassee, FL 32314 | Clifton Building 2661 Executive Center | Circle Size | |
| | | Tallahassee, FL 32301 | HAS | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | |
| ENVIRONMENTAL WATER Sometiment of the Martin Company, "Limited Liability Company, "Limited Liability Company," | d Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 4700 MILLENIA BLVD., STE 175 ORLANDO, FL 32839 | 14250 CULONIAL GRAND BLVD, #2902 ORLANDO, FL 32837 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another |
| The name and the Florida street address of the r | egistered agent are: |
| MATTHEW MONTS | omery |
| 14250 CULONIAL GR | AND BLVD., #2902 tress (P.O. Box NOT acceptable) |
| ORLANDO City, State, a | FL 32837 nd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of al rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signat | ME (MEODIRED) SECRETAR ALLAHASS |
| (CONTIN | UED) |

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGRM | MATTHEW MUNTUONERY 14250 (DLONIAL GRAND BLVD., #2902 DRIANDO, FL 32837 |
| MGRM | BILLIE MARTINSON COLORDO, THE LANDINGS DR. ORLANDO, FL 32812 |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the date is listed, the date must to or 90 days after the date of filing.) | he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| Mark | in Romany |

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.)

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)