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(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:				
		:		

Office Use Only



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04/02/07--01022--022 **130.00

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:	Burleson V (Name of Limited	Vater Servic d Liability Company)	es, LLC	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	τ to the following:		
	Ted Bur	leson		
	Burleson Wa	ater Service	es, LLC	
	(Firm/Company)		
	601 Lake	ater Service Firm/Company) Como Circle (Address)	2	
		(Address)		
	Or lande	1, FZ 328	03	
	(City	/State and Zip Code)	المساع إسر	
For further information	concerning this matter, please	call:	SECRETARY OF STATE Celephone Number) STATE Fee, \$160.00 Filing Fee,	2 - 1 - 2 - 3 - 2 - 2 - 3 - 2 - 3 - 3 - 3 - 3
led Su (Name	rleson)	at (407) 43 (Area Code & Daytime T	elephone Number)	3 0
Enclosed is a check fo	or the following amount:		HII:	مة بيوه مون
] \$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	Street/Courier Addres	<u>55</u>	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Water	Services,	LLC			
Company, "Limited Compa	ny" or their abbreviation "LLC,"	or "L.C.,")			
dress of the principal	office of the Limited Lial	bility Company is:			
Maili	ing Address:				
	Company, "Limited Compa	Water Services, Company, "Limited Company" or their abbreviation "LLC," dress of the principal office of the Limited Liai Mailing Address:			

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

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

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Name

601 Lake Como Circle

Florida street address (P.O. Box NOT acceptable)

Orlando FL 32803

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

EFFECTIVE DATE

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)