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| Special Instructions to | Filing Officer:        |             |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2007

DANA DOBSON ADVANCED WATER TREATMENT CONSULTING LLC 17124 GOLF VISTA COURT ODESSA, FL 33556

SUBJECT: ADVANCED WATER TREATMENT COUNSULTING LLC

Ref. Number: W07000018229

We have received your document for ADVANCED WATER TREATMENT COUNSULTING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are missing the 1st page of the Articles.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 607A00025066

Joey Bryan Document Specialist SECRETARY OF STATE OF

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |                     |
|---|---------------------|
| SUBJECT: Advanced Water Teentment Consumos (Name of Limited Liability Company)  | 17ing LLC           |
| The enclosed Articles of Organization and fee(s) are submitted for filing.  |                     |
| Please return all correspondence concerning this matter to the following:   |                     |
| DANA DOBSON (Name of Person)  | <del></del>         |
| Advanced Water Treatment Consulty   | ng LLC              |
| 17124 Golf Vista Court  | <b>70</b>           |
| Odessa, Florida 33556   | SION OF             |
| (City/State and Zip Code)   | CORPO<br>CORPO      |
| For further information concerning this matter, please call:  | F STATE<br>FORATION |
| (Name of Person) at (502) 523-4000 (Area Code & Daytime Telephone Number)   | <i>:</i><br>-       |
| Enclosed is a check for the following amount: 813-920-4848  |                     |
| \$\times \text{\$125.00 Filing Fee} \text{\$\begin{array}{c} \$130.00 Filing Fee & Certificate of Status \text{\$Certified Copy} & Certificate of Status \text{\$Certified Copy} & Certified Copy & Certified Copy (additional copy is enclosed) \text{\$Certified Copy} & Certified Copy (additional copy is enclosed) \text{\$Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed) \text{\$Certified Copy} & Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed) \text{\$Certified Copy} & Certified | tus &               |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle   |                     |

Tallahassee, FL 32301

8471.3/2007 10:40 850-245-60;m

Helpfolikarana again,

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Advanced WAG TREATMENT (WShitting LLC)

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |   |
|---------------------------|------------------|---|
| 17124 Golf Vista Cours    |                  |   |
| Odera Florida             | ,                | - |
| 235SZ                     |                  | - |
|                           |                  | - |

ARTICLE! III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Libbitary Company cannot sorce as its own Registered Agent, You must designate an individual or another business entiry with an active Florida registration (

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

Normal No

Hoving been named as registered opent 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 (PEQLIPHED)

(CONTINUED) Page Inf2

| Title: "MGR" = Manager "MGRM" = Managing Member  | Name and Address:  |
|--|--|
| MCRM   | DANA DOBSON<br>17124 Golf Vista Court<br>Odessa, Florida 33552                         |
| Mor  | VICKI Dobson 17124 Crolf UISTA Court Odessa Florida 33554                              |
|  | APR 2 P  |
|  |  |
| (Use attachment if necessary)  |  |
| LE V: Effective date, if other that fective date is listed, the date mudays after the date of filing.) | n the date of filing: (OPTION ast be specific and cannot be more than five business de |
|  |  |
| REQUIRED SIGNATURE:  |  |
| REQUIRED SIGNATURE:  | ember or an authorized representative of a member.                                     |

141

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)