## L0700061663

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
SUBJECT: Water	Wise, LLC		
	(Name of Limite	d Liability Company)	
	f Organization and fee(s) are so	_	
Robert May	<b>y</b>		
		Name of Person)	
Water Wise	e, LLC		
<del>- 1</del>	(	Firm/Company)	
8353 SE 1	76th Lawson Loop		
<del></del>		(Address)	
The Villag	es, Florida 32162		
<u></u>		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Robert May		at ( 352 ) 205-404	7
(Name	of Person)	(Area Code & Daytime T	elephone Number)
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 · Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Water Wise LLC Must end with the words	"Limited Liability Company, "Lin	mited Company" or their abbreviation "LLC," or "L	.C.,")
ARTICLE II - Add	lress:		
The mailing address	and street address of the	principal office of the Limited Liability	y Company is:
Principal Office Ac	ldress:	Mailing Address:	
353 SE 176th Lawson	Loop	8353 SE 176th Lawson Loop	
he Villages, FL 32162		The Villages, FL 32162	<del></del>
		red Office, & Registered Agent's Sign	
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Restive Florida registration.)	gistered Agent. You must designate an individual or	another $ atrial $
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Re trive Florida registration.)	gistered Agent. You must designate an individual or	another $ atrial $
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Rective Florida registration.)  Iorida street address of the Robert May	egistered Agent. You must designate an individual or e registered agent are:	another $ atrial $
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Re trive Florida registration.)	egistered Agent. You must designate an individual or e registered agent are:	SECRETARY OF CO
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Rective Florida registration.)  Iorida street address of the Robert May	egistered Agent. You must designate an individual or e registered agent are:	SECRETARY OF DIVISION OF COPE
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Rective Florida registration.) Iorida street address of th Robert May Nar  8353 SE 176th Lawson I	egistered Agent. You must designate an individual or e registered agent are:	SECRETARY OF STAN
The Limited Liability Corbusiness entity with an ac	npany cannot serve as its own Rective Florida registration.) Iorida street address of th Robert May Nar  8353 SE 176th Lawson I	gistered Agent. You must designate an individual or e registered agent are:  me  LOOP	SECRETARY OF DIVISION OF CORP

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

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

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

"MGR" = Man	iager	Name and Address:
	lanaging Member	
MGRM		Robert May
	<u> </u>	8353 SE 176th Lawson Loop
		The Villages, FL 32162
MGRM		Noel Switzer
······································		13201 Olesen Ct.
		Clermont, FL 34711
	<del></del>	
	<del></del>	
(Use attachme	nt if necessary)	
	nt if necessary)	
LE V: Effectiv	ve date, if other than the	e date of filing: (OPTION
LE V: Effective date is days after the	ve date, if other than the listed, the date must l date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date is days after the	e date, if other than the	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date is days after the	ve date, if other than the listed, the date must l date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business date
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LE V: Effective date is days after the	ve date, if other than the listed, the date must le date of filing.)  SIGNATURE:  Signature of a memb	be specific and cannot be more than five business de specific and cannot be more than five busin
LE V: Effective date is days after the	ve date, if other than the listed, the date must le date of filing.)  SIGNATURE:  Signature of a memb	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
LE V: Effective date is days after the	ve date, if other than the listed, the date must le date of filing.)  SIGNATURE:  Signature of a memb  (In accordance with so of this document constitute the facts stated	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)