

LO8000008468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

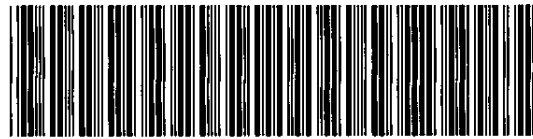
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000115742250

RECEIVED

08 JAN 23 PM 2:43

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 JAN 23 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JAN 24 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 411280 7201231

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 155.00

FILED  
08 JAN 23 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2008

ORDER TIME : 1:08 PM

ORDER NO. : 411280-005

CUSTOMER NO: 7201231

DOMESTIC FILING

NAME: AQUA SHELL, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
AQUA SHELL, LLC

ARTICLE I – Name

The name of the Limited Liability Company is: Aqua Shell, LLC

ARTICLE II – Address

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

4531 Den Haag Road  
Warrenton, VA 20187

ARTICLE III- Registered Agent, Registered Office  
& Registered Agent's Signature

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

*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 in Chapter 608, Florida Statutes.*

Carina L. Dunlap  
Asst. Vice President

By: Carina L. Dunlap

[Signature]  
Signature of a member or an authorized representative of a member

Laurie L. Gildan, Esq.  
Typed or printed name of signee

(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.)

FILED  
08 JAN 23 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA