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M. THOMAS

JUL 2 2 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CENTRAL FLORIDA WATER WORKS, U.C. (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEREMY CALHOUN (Name of Person)
CENTRAL FLORIDA WATER WORKS, LLC. &
Iddua N. dana STREET Apt. 528
TAMPA, FL 33612 (City/State and Zip Code)
For further information concerning this matter, please call:
JEREMY CALHOUN at (813) 789 - 2710 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sumset\$ \text{\$125.00 Filing Fee} \$\sumset\$ \$\$\$ \$\$\$ \$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$\$\$ \$
Mailing AddressStreet/Courler AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

| Address: | Mailing Address: |
| Address: | | Address: | | Address: |
| Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | | Address: | 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 business entity with an active Florida registration.)

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

JEREMY CALHOUN

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

7AMPA FL 33612

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 Agen'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: Title: "MGR" = Manager "MGRM" = Managing Member MGR TEREMY CALHOUN DADAN 22nd STREET TAMPA | FL 33/612

ARTICLE V: Effective date, if other than the date of filing: JUIV 18, 2008. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

MY CALHOUR

Typed or printed name of signe

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)