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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
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B. KOHR
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EXAMINER

O9FEB 23 AN IO: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corpo		6 ·	·
SUBJECT: AGUA P	URA, LLC.		
	(Name of Limite	ed Liability Company)	,
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.	THE STEEL
Please return all correspond	ence concerning this matt	er to the following:	E Co
MAURICIO (GUTIERREZ		Ser 3
		(Name of Person)	
AGUA PUR	A, LLC.		AND THE
		(Firm/Company)	
1680 CORA	L WAY # 103		
		(Address)	
MIAMI, FL.	33145		
	(City	//State and Zip Code)	
For further information con	cerning this matter, please	call:	
MAURICIO GUT		at 305 979 094	3
(Name of I	Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the	e 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 Fiting Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
F E F	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (s

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

AGUA PURA, LLC. (Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1680 CORAL WAY # 103	1680 CORAL WAY # 103
MIAMI, FL. 33145	MIAMI, FL. 33145
The name and the Florida street address of MAURICIO GUTI	ラス
	Jame From In
1680 CORAL WA	NY#103
	et address (P.O. Box NOT acceptable)
MIAMI, FL. 33145	5 FI.
City, S	tate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

MGRM	MAURICIO GUTIERREZ	
	1680 CORAL WAY # 103	
	MIAMI, FL. 33145	
MGRM	KARIM GORAYEB	
	1680 CORAL WAY # 103	
	MIAMI, FL. 33145	
2000		
(Use attachment if no		
	her than the date of filing: Late must be specific and cannot be mo 12.)	

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.)

MAURICIO GUTIERREZ

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)