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S. HAWKES DEC 1 0 2009 **EXAMINER**

COVER LETTER

TO:

Registration Section

Division o	f Corporations	
SUBJECT:	Florida	Alkaline Water LLC
	Name of Limite	ed Liability Company
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.
Please return all con	rrespondence concerning this matt	er to the following:
	How	ard C Campbell
		Name of Person
	Florida	Alkaline Water LLC
		Firm/Company
	18	722 NW 23 Ct
		Address
	MIAMI GAR	DENS, FLORIDA 33056
	City	/State and Zip Code
	Customerservic	e@floridaalkalinewater.com or future annual report notification)
For further informa	tion concerning this matter, please	·
	vard C Campbell	at (305) 620-3506 Area Code & Daytime Telephone Number
17	ame of rerson	Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
∑ \$125.00 Filing F	ee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLES OF OR	GAMZATIONTOK	FLORIDA LIMITED L	IABILIT I COMI ANT
ARTICLE I - Name:			4.0 G
The name of the Limi	ted Liability Company	15:	
	Florida Alkalin	e Water I I C	Section 1
(Must e		ability Company," "L.L.C.," or "L	.c.") \$ 6
ARTICLE II - Addr	0661		AS RE
		nninginal office of the Lie	aited Liebility Com
The maning address a	nd street address of the	principal office of the Lin	nited Liability Company is:
Principal Office Add	ress:	Mailing Address:	•
18722 NW 23 Ct		18722 NW 23 Ct	
MIAMLGARDENS, FLORIDA 33056		MIAMI GARDENS,	ELORIDA 33056
	any cannot serve as its own Re	red Office, & Registered gistered Agent. You must designat	
The name and the Flor	rida street address of th	e registered agent are:	
	Howard C	C Campbell	
	Nar	· · · · · · · · · · · · · · · · · · ·	-
	18722 N	NW 23 Ct	
_		O. Box NOT acceptable)	-
N	liami Gardens,FL 330	05£ _{FL}	
	City, State	- 	-

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 (REOLIRE)

(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 Memb	Name and Address:
MGRM	Howard C Campbell 18722 NW 23 Ct Miami Gardens FL 33056
MGRM .	Sonia Campbell 18722 NW 23 Ct Miami Gardens, FL 33056
(Use attachment if necessary)	
ARTICLE V: Effective date, if other t (If an effective date is listed, the date to or 90 days after the date of filing.)	han the date of filing: (OPT!ONAL) must be specific and cannot be more than five business days prior
	a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution
of this docum	ent constitutes an affirmation under the penalties of perjury stated herein are true.)

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)