[1000001140]

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zɪp/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions Sumb Office RS			
FEB -8 2010			
EXAMINER			
201			

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of	f Corporations				
SUBJECT:	Aqu	atic Solutions LL	C		
	Name of Limi	ted Liability Company			
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
		John J Judd			
		Name of Person			
	Aqua	atic Solutions LLC			
	Firm/Company				
	91	70 5th Ave NE			
-		Address			
	Li	argo, FL 33770			
	Ci	ty/State and Zip Code			
	inso@elite E-mail address: (to be used	marketingconcepts	.com		
For further informat	ion concerning this matter, pleas				
	John J Judd	_ at (727) Area Code & Day	233-1096		
Na	une of Person	Area Code & Day	/time Telephone Number		
Enclosed is a check	k for the following amount:				
]\$125.00 Filing Fe	ee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee Certified Copy (additional copy is enc	Certificate of Status &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	tion porations 3 Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	_USA
Aquatic Solution	
(Must end with the words "Limited Liabilit	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address: — USA	Mailing Address:
Aquatic Solutions LLC	Aquatic Solutions LLC
970 5th Ave NE	970 5th Ave NE
Largo, FL 33770	Largo, FL 33770
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another
John J J	udd
Name	
970 5th Av	e NE
Florida street address (P.O. I	
Largo FL 33770	FL
City, State, and	d Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
John J Judd M. G. R. & B. D.	John J Judd 970 5th Ave NE Largo, FL 33770
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
	the John July
Signature of a mem	ber or an authorized representative of a member.
(In accordance with sof this document corthat the facts stated h	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury nerein are true.)
	John J Judd
Filing Fees:	Typed or printed name of signee
	≓

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
10 FEB -2 PH 3: 12
SECRETARY OF STATE