

Corporate 130567528
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : F20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9886

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
AQUA HANDS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

AQUA HANDS, LLC

ARTICLE II ADDRESS

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

1927 JUNE BELLS DR.

CLEARWATER, FLORIDA 33755-1621

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

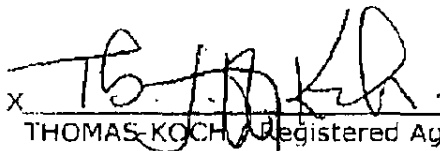
The name and the Florida street address of the registered agent are:

THOMAS KOCH

1927 JUNE BELLS DR.

CLEARWATER, FLORIDA 33755-1621

Having been named as registered agent 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.

x 

THOMAS KOCH, Registered Agent's signature

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AQUA HANDS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

THOMAS KOCH

1927 JUNE BELLS DR.

CLEARWATER, FLORIDA 33755-1621

MANAGING MEMBER

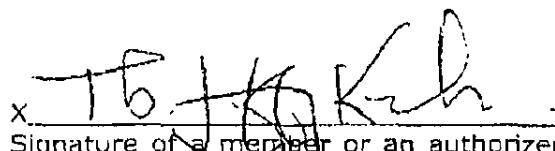
LORI KOCH

1927 JUNE BELLS DR.

CLEARWATER, FLORIDA 33755-1621

2016 FEB -8 AM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X.



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.

THOMAS KOCH