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PICK-UP WAIT MAIL
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11/29/10--01014--015 **130.00

SECRETARY OF SHAFFOR ATION

COVER LETTER

' 1		stration Section sion of Corporations			
		Palm Beach Healthy V	Vater LLC		
	SUBJECT: _	Name of Limited Liability Company			
	The enclosed	The enclosed Articles of Organization and fee(s) are submitted for filing.			
	Please return	all correspondence concerning this mat	ter to the following:		
	Per	nny Linch			
			Name of Person		
	Pal	m Beach Healthy Wate	er, LLC		
	<u></u>		Firm/Company		
	518	31 Casa Real Drive			
			Address		
	Delra	ay Beach, Florida 33484			
		City/State and Zip Code			
	Penr	ny@pennylinch.com	for future annual report notification)		
	For further information concerning this matter, please call:				
	roi tuimei im	ormation concerning this matter, pleas	e can:		
	Penny Lir		at (561) 445-6377		
		Name of Person	Area Code & Daytime Telephone Number		
	Enclosed is a	check for the following amount:			
✓	\$125.00 Filing	g Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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 LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Palm Beach Healthy Water, LL	С
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5181 Casa Real Drive	5181 Casa Real Drive
Delray Beach, FL 33484	Delray Beach, FL 33484
\cdot	red Agent. You must designate an individual or another

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 (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managir	ng Member
MGR	Penny Linch
	5181 Casa Real Drive
	Delray Beach, FL 33484
MGRM	Al Linch
	5181 Casa Real Drive
	Delray Beach, FL 33484
(Use attachment if no	ecessary)
•	
RTICLE V: Effective date	if other than the date of filing: 11/20/10 (OPTIONAL)
If an effective date is listed, o or 90 days after the date o	the date must be specific and cannot be more than five business days prior
on 30 days after the date t	t mang.
	<u></u>
<u>REQUIRED</u> SIGNA	ATURE:
	N OCR
	A STATE OF THE STA
Sig	nature of a member or an authorized representative of a member.
constitutes : I am aware	an affirmation under the penalties of perjury that the facts stated herein are true. that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.)
F	Penny Linch
_	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)