

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashioto Chan, Name)
(Document Number)
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G. MCLEOD
DEC - 7 2010

**EXAMINER** 



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10 DEC -6 PM 1:34
SECRETARY OF STATE
ALLAHASSEF FLORIDA

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
<sub>SUBJECT:</sub> Hyd	roSource, LLC		
Scholer.		ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this matt	er to the following:	
Robert	M. Viertel		
ROBOIT	141. 4101001	Name of Person	
HydroS	ource, LLC		
		Firm/Company	
1231 R	obinswood Ct. S.		
		Address	
Lakeland	I, FL 33813		
		y/State and Zip Code	
rviertel@	tampabay.rr.com	or future annual report notification)	
For further informati	ion concerning this matter, please		
Robert M. Vier		at (863 ) 640-6226	Lana Marikan
Na	me of Person	Area Code & Daytime Telep	none Number
Enclosed is a check	k for the 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 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 C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

HydroSource, LLC		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited L	iability Company is:
Principal Office Address:	<b>Mailing Address:</b>	
1231 Robinswood Ct. S.	1231 Robinswood Ct. S.	
Lakeland, FL 33813	Lakeland, FL 33813	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)  The name and the Florida street address of	m Registered Agent. You must designate an indiv	vidual or another  10 DEC
Robert M. Viertel		SSE -
	Name	E E IN
1231 Robinsv	vood Ct. S.	
Florida st	reet address (P.O. Box NOT acceptable)	D I:35 STATE LORIDA
Lakeland,	<sub>FL</sub> 33813	2>
	City, State, and Zip	

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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Dehemby Vierdel
<u> </u>	Robert M. Viertel 1231 Robinswood Ct. S.
	Lakeland, FL 33813
	Editorial (1 C 000 10
<del></del>	
	**************************************
	<del></del>
(Use attachment if necessary)	
(Ose attachment if necessary)	
LEV: Effective date, if other tha	an the date of filing: (OPTIONA
	ust be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	,
	1 1/- 11
(1) , ·	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Robert M. Viertel

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)