L11000000450

(Re	equestor's Name)	,
. (Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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D. BRUCE

JAN 0 4 2011

EXAMINER

COVER LETTER

	istration Sec sion of Corp		•		
- 17 - 17	31 £		•		
SUBJECT:	<u>Aqua N</u>	linerals USA LL			-
	Î E	Name of Limit	ed Liability Company		
The enclosed	Articles of C	Organization and fee(s) are	submitted for filing.		
Please return	all correspor	ndence concerning this mat	ter to the following:		
Abe	e Warsl	henbrot		_	
• •	;		Name of Person		
Col	ne, Wal	sh & Co			
	<u>:</u>		Firm/Company		
610	00 Fairv	iew Road, Suite	1205		•
	2		Address		
Cha	rlotte. N	C 28210			=======================================
,	Ä		ty/State and Zip Code		32
abev	w@taxsa	versinc.com		38	ယ်
* .	1., 2.	E-mail address: (to be used	for future annual report notification)	C C	畫厂
For further in	iformation co	oncerning this matter, pleas	e call:	FLO S	9.
	À				<u>හ</u>
Abe War	·		at (704) 552-5599	.D. '	, .
	Name of	Person	Area Code & Daytime Telep	hone Number	
Enclosed is	a check for	the following amount:			
]\$125:00 Filin	H 44 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of St Certified Copy (additional copy is	tatus &
	masser of the Opening	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	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nar The name of the Li	ne: imited Liability Com	ipany is:				
	als USA LLC					
. (Mı	ust end with the words "Lim	nited Liability	Company, "L.L.C.," or "LLC.")			
ARTICLE II - Ad	ldress:					
		of the pri	ncipal office of the Limited L	Liability C	ompar	ıy is:
		•				
Principal Office A	Address:		Mailing Address:			
	lary Blvd. Ste 104-2	78	4044 West Lake Mary Blvc Lake Mary, FL 32746	I. Ste 104	-278	
Lake Mary, FE 327	46		Lake Mary, FL 32740			
<u></u>						
(The Limited Liability C		own Registe	Office, & Registered Agent red Agent. You must designate an indi			
The name and the	Florida street address	s of the re	gistered agent are:	in in		-
	Anat Zwebner			ASS.		Paragraph.
		Name		in died	ω	1
	882 Silk Oak	k Terra	ace) F S 7	AH 9:	
	Florida	a street addr	ess (P.O. Box <u>NOT</u> acceptable)		Ċ	- C. Caran
. <u><u></u><u><u></u><u></u></u></u>	Lake Mary		_{FL} 32746	2.3	_	
·	<u> </u>	City, Stat	e, and Zip			
liability compa registered agent a	ny at the place design nd agree to act in this	nated in th s capacity.	ccept service of process for th is certificate, I hereby accept I further agree to comply wi formance of my duties, and I	the appoin th the prov	tment visions	as of all

ıll accept the obligations of my position as registered 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:		
"MGR" =	Manager = Managing Member	
MOKM	ivranaging ivremoer	
MGRM		Anat Zwebner
		882 Silk Oak Terrace
	· B	Lake Mary, FL 32746
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	V.	
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7 45 71	1	
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CLE V: Ef		e of filing: ////20// . (OPTIONA ecific and cannot be more than five business day
CLE V: Ef	fective date, if other than the date	
CLE V: Ef effective da 00 days afte	fective date, if other than the date ite is listed, the date must be sp	
CLE V: Ef effective da 00 days afte	fective date, if other than the date ite is listed, the date must be sporthe date of filing.) RED SIGNATURE:	ecific and cannot be more than five business day
CLE V: Ef effective da 00 days afte	rective date, if other than the date ite is listed, the date must be sport the date of filing.) RED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the	an authorized representative of a member. (3(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein arc true con submitted in a document to the Department of State
CLE V: Ef effective da 00 days afte	rective date, if other than the date ite is listed, the date must be sport the date of filing.) RED SIGNATURE: Signature of a member or (In accordance with section 608.408 constitutes an affirmation under the I am aware that any false information	an authorized representative of a member. (3(3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein arc true con submitted in a document to the Department of State
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