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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stormwater Reuse L.L.C. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charles E. Ver Milyea HER SE Name of Person HASS 25	
Firm/Company	
2155 Wood st. A25	
Address	
Sarasota, FL 34237 City/State and Zip Code	
Skip & Stormwater reuse, Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Charles E Ver Milyea at (8/3) 838, 14/7 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclose	
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	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
Stormwater Reuse LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
(Must end with the words "Limited Liability Company, "L.L.C., or "LLC.)			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
Stormwater Keuse Stormwater Keuse			
2155 Wood st. A25 2155 Wood st A25			
Sarasota, FL. 34237 Sarasota, FL 34237			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:			
Charles E. Ver Milyea ST 2			
Name			
2155 Wood st A25 55 7			
Florida street address (P.O. Box NOT acceptable)			
Sarasota, FL 34237			
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)

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	Name and Address:
"MGRM" = Managing Member	
MGR	Charles E. Ver Milyer 2155 Wood St A251 Sarasota, FL 34237
MGRM	Jamie Nelson McClement 2155 Wood St A25 Sarasota, FL 34237
	SECRETARY OF SALLAHASSEE. FL
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(Use attachment if necessary)	DA S
ARTICLE V: Effective date, if other than the	ne date of filing: (OPTIONAL)
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

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. 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.)

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)