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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BATTAGLIA ROSS CORPORATE

Account Number: I20000000275

: (727)381-2300 Fax Number : (727)343-4059

**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 LIMITED LIABILITY CO.

The Aquaponics Doctor, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	S125.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

OCT 18 2011

Help

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ARTICLES OF ORGANIZATION FOR THE AQUAPONICS DOCTOR, LLC FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE AQUAPONICS DOCTOR, LLC



ARTICLE II- Address:

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

Principal Office Address: 6363 Gulf Winds Drive #431 St. Pete Beach, FL 33706 Mailing Address:
PMB 155
4604 – 49th Street North
St. Petersburg, FL 33709-3842

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Resident Agent Corporation of Pinellas County 980 Tyrone Blvd. St. Petersburg, FL 33710

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, Florida Statutes.

Registered Agent's Signature

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

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

"MGR" = Manager

"MGRM" = Managing Member

Title:

Name and Address:

MGR

James Rakocy PMB 155

4604 – 49th Street North

St. Petersburg, FL 33709-3842

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.)

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