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| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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J. SAULSBERRY EXAMINER

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COVER LETTER

| | ion Section of Corporations | | | |
|-----------------------------------|---|--|---|--|
| SUBJECT: AS | U, WSP LLC | | | |
| Name of Limited Liability Company | | | | |
| The enclosed Artic | les of Organization and fee(s) are | submitted for filing. | | |
| Please return all co | rrespondence concerning this ma | tter to the following: | | |
| Philip | Klein Deily | | | |
| | | Name of Person | | |
| Jones | and Cwalina | | | |
| , — — | | Firm/Company | ACCEPTANCE OF THE PROPERTY OF | |
| 401 W | ood St. 3rd Floor | | 012 FEB 29 SECRETARY | |
| | • | Address | 29 28: | |
| Pittsbur | gh, PA 15222 | | B29 AM | |
| _ | | ty/State and Zip Code | 9: 52 TATE DRID | |
| pdeily@ | elm.us.com | for future annual report notification) | <u> 50 %</u> | |
| | • | • | • | |
| For further informa | tion concerning this matter, pleas | C Cail: | • | |
| George Aubr | еу | at (724) 822-1838 | | |
| , N | ame of Person | Area Code & Daytime Telephone No | umber | |
| Enclosed is a che | ck for the following amount: | | | |
| √ \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified Copy Certificational copy is enclosed) Certificational copy is enclosed) | 00 Filing Fee, ficate of Status & fied Copy onal 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 | : | | |
|---|--|--|--|
| ASU, WSP LLC | | | |
| (Must end with the words "Limited Liabi | lity Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street address of the page 1. | rincipal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 2640 Lake Shore Drive, Suite 1908 Riviera Beach, FL 33404 | 2640 Lake Shore Drive, Suite 1908 Riviera Beach, FL 33404 | | |
| Arriora Bodon, 7 2 do 107 | | | |
| (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the a George G. Aubrey Name | registered agent are: | | |
| | 新聞 開 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ | | |
| 2640 Lake Shore D | Orive, Suite 1908 dress (P.O. Box NOT acceptable) | | |
| Riviera Beach | FL 33404 | | |
| | Date, and Zip | | |
| liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S | | |
| veRigieren vikan a zikus | MIC (ICCOVICED) | | |

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** George Aubrey 2640 Lake Shore Drive, Suite 1908 Riviera Beach, FL 33404 MGRM WJ3K3, LLC 2640 Lake Shore Drive, Suite 1908 Riviera Beach, FL 33404 Heather Melzer **MGRM** 206 Thomberry Court Mars, PA 16046 76 Investments LP MGRM 121 Cardinal Circle Pittsburgh, PA 15237 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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.) George G. Aubrey

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

63-8419/2670 739 243 がある。まではいるとなっているというというできない。 1\$ 125.00 © Dollars E 72 0 Pay to the Florida Dast. of State #267084199# 1206902338# AQUATIC SYNTHESIS UNLIMITED LLC 2640 LAKE SHORE DR UNIT 1808 RIVIERA BEACH, FL 33404-4672 PH. (724)822-1838 For MSO / WSP // C **Q** PNCBANK One hundred

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SECRETARY OF STATE.

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