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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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TO: Registration Se Division of Cor			
CUDIECT.	CAN AMERIC	AN DW SUPPLY LL	С
SUBJECT:		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this mat	ter to the following:	
Mercury C	Castillo Aguda		
		Name of Person	
Can Amer	rican DW Supply	/ LLC	
		Firm/Company	
	P.O. E	3ox 380774	_
		Address	
Murdock, Fl	orida 33938		
		ty/State and Zip Code	
canamerican	ndws@gmail.com E-mail address: (to be used	for future annual report notification)	
For further information co	oncerning this matter, pleas	e call:	
Mercury Aguda		at (952) 449-1113	
Name of	f Person	Area Code & Daytime Telep	phone Number
Enclosed is a check 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	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICL.	ЕI	- P	Van	ıe
The		~ t	مطه	т:	

The name of the Limited Liability Company is:

CAN AMERICAN DW Supply 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:	
18105 Garvin Ave	PO Box 380774	
Port Charlotte, FL	Murdock, FL	
3948 33938		
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an indivi-	
Mercury Castillo Aç	guda	7 2
· N	Vame	
18105 Garvin <i>i</i>	Avenue	SSER 3
Florida stre	et address (P.O. Box NOT acceptable)	
Port Charlotte	FI 33948	S S

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 Ogent'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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Mercury Castillo Aguda
	18105 Garvin Ave
	Port Charlotte ,FL 33938
MGRM	Carolina Vega Zurbrigen
	17345 Orion Ave
	Port Charlotte, FL 33954
(I) (1 1 1 C)	
(Use attachment if necessary)	
EV. Effective data if other than	the date of filing: August 1, 2012 (OPTION
	st be specific and cannot be more than five business d
days after the date of filing.)	st be specific and cannot be more than five business u
days area the date of ming.	
REQUIRED SIGNATURE:	
- -	
-0.4	\cap

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.)

Mercury C. Aguda

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)