L130000418930

(Re	questor's Name)		
(Address)			
(Address)			
(Cit	y/State/Zip/Phone	a #N	
<u></u>		_	
☐ PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only

(213000870)



700244231657

02/11/13--01026--030 **125.00

2018 KAR 28 PH 4: 11
SECRETARY OF STATE
ALLAHASSEE FLORIDA

D. BRUCE

HOLDEN, CARPENTER, ROSCOW & KURDZIEL, PL

Attorneys and Counselors at Law

March 14, 2013

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> Re: Filing HydroMedica, LLC Affidavit Ref. Number: W13000008701

Attn. Deborah Bruce or whom it may concern:

I have enclosed the Affidavit for HydroMedica, LLC and the application by a Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida by the Michigan limited liability company, HydroMedica, LLC, affirming the dissolution of the company and its consent to the use of the HydroMedica, LLC name. Enclosed please also find a check for the twenty-five dollar (\$25.00) fee for withdrawal.

If there are any other concerns regarding the filing process, please contact this office.

Kind regards,

Holden, Carpenter, Roscow & Kurdziel, PL

Rebekah M. Kurdziel, Esq.

RMK/cm encls.



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2013

R.M. KURDZIEL, ESQ. 5608 N.W. 43RD STREET GAINESVILLE, FL 32653

SUBJECT: HYDROMEDICA, LLC Ref. Number: W13000008701

We have received your document for HYDROMEDICA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is M11000000520 " HYDROMEDICA, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 913A00003437

Deborah Bruce Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HydroMedica, LLC				
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:				
R. M. Kurdziel, Esq.				
Name of Person				
Holden, Carpenter, Roscow & Kurdziel, PL				
, Firm/Company				
5608 N.W. 43rd Street				
Address				
Gainesville, FL 32653 문문 .				
City/State and Zip Code Info@PoserMD.com E-mail address: (to be used for future enough report polification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
R.M. Kurdziel 352 373-7788				
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
■\$125.00 Filing Fee U\$130.00 Filing Fee & U\$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$125.00 Filing Fee & 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR HYDROMEDICA, LLC

ARTICLE I.

COMPANY'S NAME

The name of the Florida limited liability company is HydroMedica, LLC (the "Company").

ARTICLE II.

COMPANY'S ADDRESS

The principal office of the Company is 12921 S.W. 1st Road, Suite 219, Tioga, Florida 32669. The mailing address of the Company is 12921 S.W. 1st Road, Suite 219, Tioga, Florida 32669.

ARTICLE III.

COMPANY'S REGISTERED AGENT AND REGISTERED OFFICE

The name of the Registered Agent is J. S. Poser. The Registered Office is located at 12921 S.W. 1st Road, Suite 219, Tioga, Florida 32669.

ARTICLE IV.

COMPANY'S MANAGEMENT

HydroMedica, LLC is to be managed by one (1) or more Managers, and is, therefore, a Manager managed limited liability company.

Until their successors are duly elected and installed, N. V. Gvozdic and J. S. Posershall be the Managers. The Managers' business address is 12921 S.W. 1st Road, Suite 219, Tioga, Florida 32669.

HydroMedica, LLC:

Bv. 1. S. Poser

Title: Authorized Representative

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Florida Statutes section 608.415 or 608.507, the limited liability company named below submits the following statement designating its Registered Office and Registered Agent in the State of Florida:

- (1). The name of the Florida limited liability company is HydroMedica, LLC.
- (2). The name of the Registered Agent is J. S. Poser. The Registered Office is located at 12921 S.W. 1st Road, Suite 219, Tioga, Florida 32669.

Having been named as Registered Agent and to accept service of process for the above-named 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 am familiar with and accept the obligations of my position as Registered Agent.

By: J. S. Posei

Title: Registered Agent

2013 HAR 28 PM 4: 11
SECRETARY OF STATE
FALLAHASSEE FLORIDA

AFFIDAVIT

STATE OF FLORIDA COUNTY OF ALACHUA

Before me, the foregoing authority, personally appeared John S. Poser, who after being duly sworn, deposes and says as follows:

- (1). My name is John S. Poser and I am a Member of HydroMedica, LLC, which is a Michigan limited liability company, and as such I have knowledge of the facts stated herein.
- (2). I am the Authorized Representative of the proposed Florida limited liability company HydroMedica, LLC.
- (3). The Michigan limited liability company, HydroMedica, LLC, is in the process of winding up its affairs and dissolving, and will be filing an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida once it has been dissolved in Michigan.
- (4). As Member of the Michigan limited liability company, and on its behalf, HydroMedica, LLC hereby consents to the use of its name by the proposed Florida limited liability company.

Further Affiant sayeth not.

HydroMedica, LLC (a Michigan LLC):

, , , , , , , , , , , , , , , , , , ,			
By John S. Poser Title: Member	SECRITARY	2013 HAR 28	
Sworn to and subscribed before me on 2 Mww, 2013, by John S. Pos on behalf of HydroMedica, LLC, a Michigan limited liability company, who produced a License as identification.	n On Er⊱as	Po I¥[em a–Dri	ber ver



Notary Public, State of Flo	orida:
Rukurden	l e
Printed Name	
Commission Number	•