

✓
L13000119804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

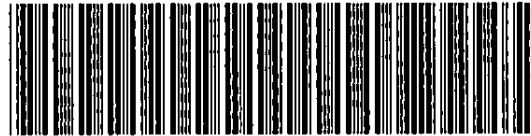
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08/26/13--01001--022 **125.00

EFFECTIVE DATE 08/23/13

FILED
2013 AUG 23 PM 4:56
RECORDS SECTION
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 23 2013

EXAMINE

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AQUA CHILL OF ORLANDO, 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:

TRACY POTTER

Name of Person

SIGRIST, CHEEK, POTTER & HUYSER, PLLC

Firm/Company

8110 E. CACTUS RD STE 110

Address

SCOTTSDALE, AZ 85260

City/State and Zip Code

KRISTIN@AZCPAS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACY POTTER

Name of Person

at 480 730-1569

Area Code & Daytime Telephone 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 Circle
Tallahassee, FL 32301

2013 AUG 23 PM 4:56
TALLAHASSEE, FLORIDA

FAX NO. :

Jul. 26 2013 01:23AM P1

**ARTICLES OF ORGANIZATION
OF
AQUA CHILL OF ORLANDO, LLC**

Article 1: Name

The name of this limited liability company is "AQUA CHILL OF ORLANDO, LLC".

Article 2: Address

The mailing address and street address of the principal office of the limited liability company is:

**3626 RANCHO DRIVE
LAS VEGAS, NV 89130**

Article 3: Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the limited liability company's registered agent is:

**JEFF BERLEUE
135 WESTON RD #125 # 103
WESTON, FL 33326**



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 23 PM 4:56

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 related 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.


JEFF BERLEUE, as Registered Agent

Article 4: The name and address of each Manager is as follows:

**ROBERT JEPSON, TTE
MGR: JEPSON FAMILY TRUST
2617 YOUNGDALE DRIVE
LAS VEGAS, NV 89134**

Article 5: The effective date of this LLC is August 23, 2013

In accordance with 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.)



ROBERT JEPSON, TTE JEPSON FAMILY TRUST, as Member

2013 AUG 23 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2013

TRACY POTTER
8110 E. CACTUS ROAD
SUITE 110
SCOTTSDALE, AZ 85260

SUBJECT: AQUA CHILL OF ORLANDO, LLC
Ref. Number: W13000044152

2013 AUG 23 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for AQUA CHILL OF ORLANDO, LLC and check(s) totaling \$5.00. However, your check(s) and document are being returned for the following:

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 813A00018976