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COVER LETTER

TO:	Registration Division of (Section Corporations		
SUBJI	ECT: <u>Aqua V</u>	Vater Treatment, LLC. Name of Lir	mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	<u>Juan Ba</u>	rantes	Name of Person	
	Aqua Wa	ater Treatment, LLC.	Firm/Company	
	515 Nan	tucket Court # 201	Address	
	<u>Altamont</u>	e Springs, Florida, 32714 C	City/State and Zip Code	
<u> </u>	parrantes23@	gmail.com E-mail address: (to be use	d for future annual report notifica	ntion)
For fur	ther informatio	n concerning this matter, plea		
<u>Juan l</u>	Barrantes Nan	at (lephone Number
Enclos	ed is a check fo	or the following amount:		
	0 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)
	3.7.	W A 3.4	C44/C	

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:		
Aqua Water Treatment, LLC, (Must end with the words "Limit	ted Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
515 Nantucket Court #201 Altamonte Springs, Florida, 32714	515 Nantucket Court #2 Altamonte Springs. Flori	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra The name and the Florida street address of the register	wn Registered Agent. You must dition.)	
Juan Barrantes		
Nai	me	
515 Nantucket Court #201 Florida street address (P.O. E	Box <u>NOT</u> acceptable)	
Altamonte Springs	FL 32714	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the Registered Agent's Sig	cept the appointment as registered ins of all statutes relating to the problem obligations of my position as registered for the problem of th	d agent and agree to act in this roper and complete performance istered agent as provided for in
Page 1		CLATES SECORIDA

<u> Citle:</u>	Name and Address:	
AMBR" = Authorized Member	Tunic and radiess.	
MGR" = Manager		
MGR	Juan Barrantes	
	515 Nantucket Court #201	
	Altamonte Springs, Florida, 32714	
AMBR	Zuly Leon	
	515 Nantucket Court #201	
	Altamonte Springs, Florida, 32714	
		
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Use attachment if necessary)		
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