

7/16/2014

Division of Corporations
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: c4cwproductions@gmail.com

FLORIDA LIMITED LIABILITY CO.
Citizens 4 Clean Water LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

14 JUL 16 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 16 AM 7:51

FILED

JUL 17 2014
D. BRUCE

H14000168598

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Citizens 4 Clean Water 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:535 SW Linden Street
Stuart, FL 34997535 SW Linden Street
Stuart, FL 34997

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Evan E. Miller

Name

535 SW Linden StreetFlorida street address (P.O. Box NOT acceptable)Stuart

City

FL 34997

Zip

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 605, F.S.

Evan Miller

Registered Agent's Signature (REQUIRED)

Evan E. Miller

(CONTINUED)

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ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:**"AMBR" - Authorized Member****"MGR" - Manager****AMBR****Name and Address:**

Evan M. Miller

535 SW Linden Street

Stuart, FL 34997

AMBR

David E. Miller

535 SW Linden Street

Stuart, FL 34997

AMBR

Nancy F. Miller

535 SW Linden Street

Stuart, FL 34997

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:*Evan Miller*

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Evan M. Miller

Typed or printed name of signer

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