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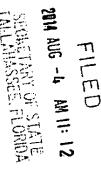
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT: <u>Aqua M</u>	linnies L.L.C. Name of Lìr	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	natter to the following:	
	Brigitte C	C. Strickland	Name of Person	
	Aqua Mir	nnies L.L.C.	Firm/Company	
	11288 F	ower Ave.	Address	
	Weeki W	achee, Fl. 34613	City/State and Zip Code	
_ba	ig101508@gr	nail.com E-mail address: (to be use	ed for future annual report notific	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Brigitt	e C. Strickland Nam	at (at (at (at (at (	352 ) <u>942-3088</u> Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	r the following amount:		
3 \$125.0	0 Filing Fee	□\$130,00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address istration Section	Street/Courier Add Registration Section	ress
		isian of Comorations	Division of Cornors	tions

Mailing Address
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Aqua Minnies L.L.C. (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11288 Flower Ave. Weeki Wachee, Fl. 34613	11288 Flower Ave. Weeki Wachee, Fl. 34613	<del></del>
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regists The name and the Florida street address of the regist	own Registered Agent. You must designate an indration.)	lividual or
lary Ray Strickland III		FIL FIL
11288 Flower Ave.	lanc .	SE F M
Florida street address (P.O.	Box NOT acceptable)	MIN: 1
Weeki Wachee City	FL 34613 Zip	RIPA RIPA
capacity. I further agree to comply with the proviss of my duties, and I am familiar with and accept the Registered Agent's S	ccept the appointment as registered agent and agre	ee to act in this lete performance

Page 1 of 2

**MGR" = Manager AMBR Brigitte C, Strickland 11288 Flower Ave. Weeki Wachee, Fl. 34613  AMBR lary Ray Strickland III 11288 Flower Ave. Weeki Wachee, Fl. 34613  (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:	_		_	
Weeki Wachee, Fl. 34613    lary Ray Strickland III		11288 Flower Ave		
AMBR    lary Ray Strickland				
(Use attachment if necessary)  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:		Weeki Wachee, Fl. 34613	_	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	AMBR	lary Ray Strickland III		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MIDIT	11288 Flower Ave.	<del></del>	
CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  CLE VI: Other provisions, if any.		Weeki Wachee, Fl. 34613		
CLE V: Effective date, if other than the date of filing:				
CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.)  CLE VI: Other provisions, if any.			_	
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effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a ste of filing.)  CLE VI: Other provisions, if any.	(Use anadaneni ii nece	33acy,		
REQUIRED SIGNATURE:  Browto Hir Whind	fective date is listed, the of filing.)	date must be specific and cannot be more than five business days prior to or	r 90 days	aftei
	fective date is listed, the of filing.)	date must be specific and cannot be more than five business days prior to or	r 90 days	afte:
<sup>™</sup> (i.e. i.e. i.e. i.e. i.e. i.e. i.e. i.e	rective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  Signature (In accordance constitutes and I am aware the office of the other provisions).	URE:  Granture of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true.  at any false information submitted in a document to the Department of State		2014
Brigitte C. Strickland  Typed or printed name of signee	rective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  Si  (In accordance constitutes an I am aware the constitutes a term)	URE:  STOCKE  gnature of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this documen affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)		2014 AUG
Brigitte C. Strickland  Typed or printed name of signee  Filing Fees:	rective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  Si  (In accordance constitutes an I am aware the constitutes a term)	URE:  STONE HOLD CONTROL OF A MEMber of a member.  Which is a member of an authorized representative of a member.  With section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)  Brigitte C. Strickland  Typed or printed name of signee		2014 AUG -4
Typed or printed name of signee  Filing Fees:	rective date is listed, the of filing.)  LE VI: Other provisions,  REQUIRED SIGNAT  (In accordance constitutes an I am aware the constitutes a term of the constitutes and the constitutes and the constitutes are the constitutes and the constitutes are the constitutes and the constitutes are the constitutes	URE:  STOCKE  Granture of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)  Brigitte C. Strickland  Typed or printed name of signee  Filing Fees:		2014 AUG
Typed or printed name of signee	REQUIRED SIGNAT  (In accordance constitutes and I am aware the constitutes a testing).	URE:  Stock of a member or an authorized representative of a member.  e with section 605.0203 (1) (b), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S.)  Brigitte C. Strickland  Typed or printed name of signee  Filing Fees:  r Articles of Organization and Designation of Registered Agent		2014 AUG -4

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

Name and Address:

ARTICLE IV-

<u>Title:</u> "AMBR" = Authorized Member