

Division of Corporations

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**L14000152585**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305) 381-8108  
Fax Number : (305) 381-8109

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

Email Address: mf@abegadomiami.com

FLORIDA LIMITED LIABILITY CO.  
Hydro Blue Services LLC

Certificate of Status	0
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Page Count	01
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TALLAHASSEE, FLORIDA



September 30, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GEOFFREY M WAYNE PA

SUBJECT: HYDRO BLUE SERVICES LLC  
REF: W14000059534

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Neysa Culligan  
Regulatory Specialist II

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is: Hydro Blue Services LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 10431 NW 28 Street, Unit E-103, Doral, FL 33172

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

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

Alex Lamadrid  
1287 South Pines Island Road  
Plantation, FL 33324

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.

  
 Registered Agent's Signature
**ARTICLE IV - Management**

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

Title:  
AMBR/P/S

Name and Address:

Dassy Nieto  
10431 NW 28 Street, Unit E-103  
Doral, FL 33172

AMBR

Jesus Caballero  
10431 NW 28 Street, Unit E-103  
Doral, FL 33172

**ARTICLE V - Effective date, if other than the date of filing:** \_\_\_\_\_**ARTICLE IV - Other Provisions, if any.**

  
 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.)

Dassy Nieto

Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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