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COVER LETTER

10: Registration Division of 6	Corporations		
SUBJECT: AQUA	Realty Group of Lee Coun Name of Lin	ty, LLC nited Liability Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
<u>Marie A.</u>	Marro	Name of Person	
AQUA F	Realty Group of Lee County	Firm/Company	
3208 CH	niquita Blvd Suite 215	Address	
. <u>Cape Co</u>	oral, Florida 33914	City/State and Zip Code	
_mmarro3127@	gmail.com E-mail address: (to be use	d for future annual report notifica	ntion)
For further information	on concerning this matter, plea	ase call:	
<u>Marie A. Marro</u> Na	ne of Person	239) 478-1000 Area Code Daytime Te	ephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	illing Address	Street/Courier Add Registration Section	<u>ress</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2014

MARIE A. MARRO 3208 CHIQUITA BLVD S STE 215 CAPE CORAL, FL 33914[^]

SUBJECT: AQUA REALTY GROUP LLC

Ref. Number: W14000063641

We have received your document for AQUA REALTY GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 16, 2014. Please amend your document accordingly.

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.

Tim Burch Regulatory Specialist II

Letter Number: 314A00022414

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>.</u>	ARVA REA	ited Liability Company, "L.L.C.," or	ar LLC	
ARTICLE II - Add	ress:			
The mailing address	and street address of the princip	al office of the Limited Liability Com	mpany is:	
Principal Office Ad	ldress:	Mailing Address:		
3208 Chiquita Blvo Cape Coral, Florid		3208 Chiquita Blvd S Suite Cape Coral, Florida 33914		
(The Limited Liabili another business en	ty Company cannot serve as its of tity with an active Florida registr for order street address of the registress. Marie A. Marro	ered agent are:	gnate an individual or 14 NOV 13	
	N	ame	To R IT	'n
	3127 SW 19th Avenue		E CO	7
	Florida street address (P.O.	Box NOT acceptable)	STATE STATE	ğ
	Cape Coral	FL 33914	>	
	City	Zip		
the place design capacity. I further	ated in this certificate, I hereby a cagree to comply with the provisi I I am familiar with and accept th	ot service of process for the above state ccept the appointment as registered ag ions of all statutes relating to the prope e obligations of my position as register Chapter 605, F.S	ent and agree to act in this er and complete performance	

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Maria A. Marra
AIVIDR	Marie A. Marro 3127 SW 19th Avenue
	Cape Coral, Florida 33914
	Cape Coral, Florida 33914
MGR ·	Wendy M. Bagnole
	3127 SW 19th Avenue
	Cape Coral, Florida 33914
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EV: Effective date, if other than the crive date is listed, the date must of filing.)	
E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the crive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false)	be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the crive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation I am aware that any false constitutes a third degree.	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.)

Page 2 of 2