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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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DEC 2 2 2014

T. BROWN

COVER LETTER

_	istration Section sion of Corporations
SUBJECT:	Water Mapping, LLC Name of Limited Liability Company
The enclosed	Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
-	OSCAR GARCIA-PINEDA Name of Person
	Firm/Company
	1240 Greensward Dr
	1240 Greensward Dr Address
_	Tallahassee, FLorida, 32312 City/State and Zip Code oscar. garcia @ water mapping. com Femail address: (to be used for future annual report notification)
	oscar.garcia @watermapping.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
OSCA	Name of Person at (361) 244-6575 Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
□ \$125.00 Filir	ring Fee Signature of Status S

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:
The name of the Limited Liability Company is: Water Mapping LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
1240 Greensward Dr 1240 Greensward Dr. Tallahassee, PL Tallahassee, FL 32312
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:
OSCAR GARCIA - PINEDA
Name
Name 1240 Greens ward Dr. Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Tellehasses BI 37317
Tallahassee FL 37317 City 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 Registered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title: 'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MAR	OSCAR MARCIA-PINEDA 1240 GIERNSWAID DI: Tallahassee FL 37312
AMBR	DIANA VILLA - HAMILTON 1240 Aveensward Dr. Tallahassee FL. 32312
(Use attachment if necessary) EV: Effective date, if other than the date	e of filing: January 1st, 2015 (OPTIONAL)
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: January 1st, 2015 Decific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any.	e of filing: January 1st, 2015 Operific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic of the constitutes an affirmation under the constitutes at third degree felorogeness.	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)
E.V: Effective date, if other than the date ctive date is listed, the date must be split filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnetic of the constitutes an affirmation under the constitutes at third degree felorogeness.	nember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.