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B. BOSTICK

JAN **1 5** 2015

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporatio	ns		•		
SUBJECT: Muity	Pressure WASA Name of Limited Liability C	company & Paristi	ng-		
The enclosed Articles of Organiz	ation and fee(s) are submitted for	filing.	•		
Please return all correspondence	concerning this matter to the follo	wing:			
Otis	Re JR.		·····		
Muity 1	Pressure WASh. Firm/Company	my + Paretin	<u> </u>		
3841 N	Age/An ConT				
1 AllAH	Address ASSER FL. 3 City/State and Zin	2303			
	City/State and Zip	p Code	异ce	ऊ	
	ddress: (to be used for future annu			JAN 15	
For further information concerning	g this matter, please call:		Pic Pic Pic	ਤ	7
Ofis he TR.		459-539P Daytime Telephone Num		₩ 9: 2	į T
Name of Person	n Area Code	Daytime Telephone Num	iber PM	: 24	
Enclosed is a check for the follow	ving amount:		_		
□ \$125.00 Filing Fee □ \$130.0	00 Filing Fee & \$\Bigsiz \\$155.00 Fi icate of Status Certified C	Copy Certification Copy is enclosed) Certified	Filing Fee, ate of Status & d Copy copy is enclosed	1)	
Mailing Addre	ss Str	eet/Courier Address			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	_
Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3841 Magellan CT.	
TAllaHassee, Fl. 32303	
11114HA 5322/16 32503	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own	
another business entity with an active Florida registration	on.)
The name and the Florida street and tess of the registered	d agent are:
Name	ne Sir on
- Oti-S Eye J. Name 3841 Magellan C	\$ 3 Box
Florida street address (P.O. Bo	
TALLAHASSEE	FL 32303 5
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:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Ofice Ry Th
MORM	Oris o yes ie.
	3841 Mage 11m Cours
	/
	TALLAHASSER FL 32303
	5333 A.D.
	ta di
•	
EV: Effective date, if other than the date of file ctive date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
(Use attachment if necessary) E V: Effective date, if other than the date of filective date is listed, the date must be specific filing.) E VI: Other provisions, if any.	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020	and cannot be more than five business days prior to or 9 r or an authorized representative of a member. 93 (1) (b), Florida Statutes, the execution of this document
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	r or an authorized representative of a member. 3-(1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the date of fil ctive date is listed, the date must be specific filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information	r or an authorized representative of a member. 3-(1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. on submitted in a document to the Department of State
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-