L/500007/489

(Requestor's Name)	
(Address)	
	;
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
	/
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special instructions to Pilling Officer.	
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SECRETARY OF STAFF

EFFECTIVE DATE

43-15

APR 2 3 2015

S. GILBERT

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: <u>H2Litm</u>	nus, LLC Name of Lit	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
Nazim N	fluradov `	Name of Person	
		Name of Ferson	
<u>H2Litmu</u>	s, LLC	Firm/Company	
<u>1250 Bo</u>	onaventure Drive	Address	
<u>Melbour</u>	ne, Florida 32940	City/State and Zip Code	
_muradov@fsec	: ucf.edu E-mail address: (to be use	d for future annual report notific	ation)
For further information	on concerning this matter, ple	ase call:	
Nazim Muradov Na	at (_ me of Person	321) <u>638-1448</u> Area Code Daytime Te	dephone Number
Enclosed is a check fi	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)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	illing Address gistration Section vision of Corporations	Street/Courier Add Registration Section Division of Corpora	

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

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:	EFFECTIVE DATE 4.3-15
H2Litmus, LLC	·
(Must end with the words "Limited I	liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1250 Bonaventure Drive Melbourne, Florida 32940	1250 Bonaventure Drive Melbourne, Florida 32940
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	Registered Agent. You must designate an individual or
	
<u>Nazim Muradov</u> Name	
1250 Bonaventure Drive Florida street address (P.O. Box	NOT acceptable)
Melbourne	FL 32940
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605. F.S

(CONTINUED)

Page 1 of 2

<u>`itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager MGRM	Nazim Muradov
WIGHTIM	1250 Bonaventure Drive
	Melbourne, Florida 32940
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	·
Service de la constantina della constantina dell	
V: Effective date, if other than the date o tive date is listed, the date must be spec	f filing: <u>April 3, 2015</u> . (OPTIONAL) ific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	f filing: <u>April 3, 2015</u> , (OPTIONAL) ific and cannot be more than five business days prior to or 9
Use attachment if necessary) I.V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) I.VI: Other provisions, if any. REQUIRED SIGNATURE:	f filing: April 3, 2015 (OPTIONAL) ific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. REQUIRED SIGNATURE:	ific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform	ific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	The and cannot be more than five business days prior to or 9 "How a submitted representative of a member. "O203 (1) (b). Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	The rotation submitted in a document to the Department of State