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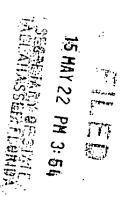
	801	, - 95562
(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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MAY 2 6 2015 J SHIVERS:

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May 4, 2015

DEBRA MATHIS 40 KEYES CT SANFORD, FL 32773

SUBJECT: MUNICIPAL WATER WORKS LLC

Ref. Number: W14000038252

We have received your document for MUNICIPAL WATER WORKS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Letter Number: 014A00013294

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: Municip	al Water Works LLC				
				sulting Florida	Limited	d Company)
						d fees are submitted to convert an "Other coordance with s. 605.1045, F.S.
Please	e return all corre	espondence concerning	g thi	is matter to:		
Debr	a Mathis					
-		(Contact Person)				
Muni	cipal Water W	orks Inc.				
		(Firm/Company)				
40 K	eyes Court					•
		(Address)				
Sanfo	ord, FL 32773					
	(0	City, State and Zip Code)				
dmat	his@municipa	lwaterworks.com				
E-r	nail Address: (to b	e used for future annual re	port :	notifications)		
For fu	rther information	on concerning this ma	tter,	please call:		
Debr	a Mathis		at	(407	295-	2400
	(Name of Conta	ct Person)		(Area Code)	(Dayı	time Telephone Number)
Enclo	sed is a check f	or the following amou	nt:	•		
(\$25 fc & \$125	0.00 Filing Fees or Conversion of for Articles anization)	□\$155.00 Filing Fees and Certificate of Status		\$180.00 Filing l d Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	EET ADDRESS	S:		MAILI	NG A	DDRESS:
	tration Section			Registra		
	on of Corporati	ons				orporations
	n Building Executive Cente	ou Cinala		P. O. Bo		
	executive Centinassee, FL 3230	-		ranas	scc, f	FL 32314

Articles of Conversion

For

"Other Business Entity"

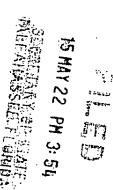
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

_	Municipal Water Works Inc. (Enter Name of Other Business Entity)	
2.	2. The "Other Business Entity" is a Corporation	
	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
Fi	First organized, formed or incorporated under the laws of Florida	
OII	07/19/2006 (Enter state, or if a non-U.S. entity, the name of	of the country)
OII	(date of organization, formation or incorporation)	
3.	3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Organization:
M	Municipal Water Works LLC	
	(Enter Name of Flurida Limited Liability Company)	
	If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 d	ays after the
	late this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same late listed in the attached Articles of Organization, if an effective date is listed therein.)	us the effective
_	5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.	

Page 1 of 2



	Signed this 11 day of June	_ 20 <u>14</u>
	Signature of Authorized Representative of Limi	ted Liability Company:
	Signature of Authorized Representative: Printed Name: Debra Mathis	Title: President
-₽	Signature(s) on hehalf of Other Business Entity: [Signature:	See below for required signature(s).]
	Printed Name: Debra Mathis	Title: DP
- ₽	Signature: Mad Printed Names James Mathis	Title: DVP
	rimed rames dames waters	Title. DVI
	Signature: Printed Name:	Title:
	Signature: Printed Name:	_Title:
	Signature: Printed Name:	_Title:
	Signature:	
	Signature: Printed Name:	Title:
	If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or of the Directors or Officers have not been selected, an Inc.	
	If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:
	If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners.	ty Limited Partnership:
	All others: Signature of an authorized person.	
	Fees:	
	Articles of Conversion: Fees for Florida Articles of Organization; Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

15 MAY 22 PM 3: 54

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Municipal Water Works LLC (Must end with the words "Limited Liability	y Company, "L.IC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:	
Principal Office Address:	Muiling Address:	
40 Keyes Court Sanford, FL 32773	Same	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent are:	
Debra Mathis		
Name		
40 Keyes Court	Day NOT	
Florida street address (P.O.	Box NOT acceptante)	
Sanford	FL 32773 Zip	
City	Zip	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter \$\overline{0.5}\$, F.S	
-D WAN	Nallu 33.	٠٠,
Registered Agent's Sign (CONTINI Page 1 of	UED)	

Title:	Name and Address:
"AMBR" = Authorized Member	Trans and Mairess.
"MGR" = Manager	
MGR	Debra Mathis
	4957 Maple Glen Place
	Sanford, FL 32771
MGR	James Mathis
	4957 Maple Glen Place
	Sanford, FL 32771

(Use attachment if necessary)	ne date of filing: Paris 150-14. (OPTIONAL)
ICLE V: Effective date, if other than the	ne date of filing: OPTIONAL) t be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any.	t be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days 22 22 27 27 27 28 28 29 20 20 20 20 20 20 20 20 20
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.0203) constitutes an affirmation under the per	er or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document in alties of perjury that the facts stated herein archine submitted in a document to the Department of State

ARTICLE IV-

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)