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(Re	questor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
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T. SCOTT



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
CHD ÍF	Worldwide Water Solutions, LLC
SUBJE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Thomas G. Bongard
	Name of Person
	Worldwide Water Solutions, LLC
	Firm/Company
	6217 Woodlake Road
	Address
	Jupiter, Florida 33458
	City/State and Zip Code
	tombongard@gmail.com
	E-mail address: (to be used for future annual report notification)
or furthe	er information concerning this matter, please call:
	Tom Bongard 561 762-8903
	Name of Person Area Code Daytime Telephone Number
Enclosed	d is a check for the following amount:
<b>]</b> \$125.00	Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\text{Certified Copy (additional copy is enclosed)}\$
	Malling Addungs

Mailing Address

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

Street Address

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
Worldwide Water Sol	<del></del>	Listin Comme	61 L C 2 61 L C 2
(Must end w	ith the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limit	ed Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
6217 Woodlake Road		62	217 Woodlake Road
Jupiter, Florida 33458		Ju	ipiter, Florida 33458
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own lative Florida registration	Registered Agen	gent's Signature: t. You must designate an individual or
	Thomas G. Bongard		
		Name	
	6217 Woodlake Road		
	Florida street address	(P.O. Box <u>NO</u> 1	acceptable)
	Jupiter	Florida	33458
	City	State	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 Signatur

Page 1 of 2

(CONTINUED)

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<u>litle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Thomas G. Bongard
	6217 Woodlake Road
	Jupiter, Florida 33458
AMBR	Michael H. Salit M.D.
AIVIDA	2188 NW 53rd Street
	Boca Raton, FL 33496
	Boça Raton, FL 33470
<del></del>	
V: Effective date, if other than the da tive date is listed, the date must be s filing.)	te of filing: (OPTIONAL)  specific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be s f filing.)	specific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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