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SECRETARY OF STATE
TALLAHASSEE FLORID\*

## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	Safi Water
SOBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Cory Williams , Alvin McBean
	Name of Person
	Safi Water
	Firm/Company
	3567 Clear Creek Drive
	Address
	Tallahassee, FI 32301
	City/State and Zip Code
	safiwater@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Cory Williams 305 215-7477
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00 E	Siling Fee \$\ \tag{\text{S130.00 Filing Fee & Certificate of Status}} \ \tag{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \ \text{Certified Copy (additional copy is enclosed)}} \ \text{Certified Copy (additional copy is enclosed)}} \ \text{Certified Copy (additional copy is enclosed)}} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

# **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

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Λ	KII	L.L	·L	1 •	113	ıme:

The name of the Limited Liability Company is:

2015 SEP 14 PM 2:08
TALLAHASSEE FLORIO

Safi Water 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:

<u>Prin</u>	ncipal Office Address:		Mailing Address:
3567 Clear Creek	· · · · · · · · · · · · · · · · · · ·	Same	,
Tallahassee,FL 3	2301		
ARTICLE III - Registered (The Limited Liability Comp another business entity with	oany cannot serve as its own	Registered Agent. Y	t's Signature: 'ou must designate an individual or
The name and the Florida str	J	i agent are:	
The name and the Florida str	eet address of the registered		·
The name and the Florida str	J	l agent are:	
The name and the Florida str	J	Name	
The name and the Florida str	Cory Williams  3567 Clear Creek Dr	Name	ceptable)
The name and the Florida str	Cory Williams  3567 Clear Creek Dr	Name ive	ceptable)

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..

(CONTINUED)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Aut "MGR" = Mana	horized Member ager	Name and Address:
***************************************	<del></del> .	
AMBR		Cory Williams
•		3567 Clear Creek Drive Tallahassee,FL 32301
AMBR		Alvin McBean
		1316 S.Meridian St Apt#4 Tallahassee,FL 32301
**************************************		
(Use attachmen	late, if other than the date	of filing: (OPTIONAL)
EV: Effective of lective date is list of filing.) If the date inserted	date, if other than the date ted, the date must be spo	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
EV: Effective of ective date is list of filing.)  The date inserted ment's effective  EVI: Other pro	date, if other than the date ted, the date must be sped in this block does not n date on the Department ovisions, if any.	ecific and cannot be more than five business days prior to or 90 da neet the applicable statutory filing requirements, this date will not be
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