

L15000201025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SUAREZPW@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
AQUA HEALTHY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

MD 12/7

15 DEC -4 AM 9:01

RECEIVED
15 DEC -4 PM 12:18

(((H15000286891 3)))**COVER LETTER****TO: Registration Section
Division of Corporations****SUBJECT:** AQUA HEALTHY LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL SUAREZ

Name of Person

AQUA HEALTHY LLC

Firm/Company

10809 65TH WAY N.

Address

PINELLAS PARK, FL 33755

City/State and Zip Code

SUAREZPW@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL SUAREZ

Name of Person

at (

727)

Area Code

403-3002

Daytime Telephone Number

Enclosed is a check for 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)**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**(((H15000286891 3)))**

(((H15000286891 3)))**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

AQUA HEALTHY 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:

Principal Office Address:1130 CLEVELAND ST. SUITE 220
CLEARWATER, FL 33752**Mailing Address:**10809 65TH WAY N.
PINELLAS PARK, FL 33755**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ANGEL SUAREZ

Name

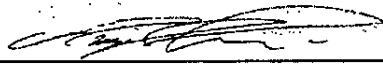
10809 65TH WAY N.Florida street address (P.O. Box **NOT** acceptable)PINELLAS PARKFL33755

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 Signature (REQUIRED)

(CONTINUED)

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(((H15000286891 3)))**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

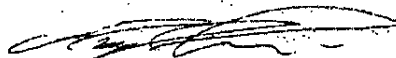
MGR**Name and Address:**ANGEL SUAREZ10809 65TH WAY NPINELLAS PARK FL 33755

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.

 REQUIRED SIGNATURE:**Signature of a member or an authorized representative of a member.**This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.ANGEL SUAREZ

Typed or printed name of signee

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)****(((H15000286891 3)))**