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COVER LETTER

	degistration Section Division of Corporations
SUBJECT	Not Water Ventures LLC.
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Curt V. Burlingame
	. Name of Person
	Not Water Ventures LLC.
	Firm/Company
	467 SE SR 100
	Address
	Lake City, Fl. 32025
	City/State and Zip Code awoodtruss@comcast.net
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Curt V. Burlingame 386 752-3103
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	siling Fee \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$\sum \$\sum \$\sum \text{\$\sum \$\sum \$
	Mailing Address Street Address

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

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



FILED

16 MAR 21 PH 4: 21

SEUSEINEY OF STATE
ALL SEASSEL, FLOPIDA

March 11, 2016

CURT V. BURLINGAME 467 SE SR 100 LAKE CITY, FL 32025

We have received your document for NOT WATER VENTURES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 216A000050

www.sunbiz.org

Division of Comparations DO DOV 6997 Tallahagas Florida 9991

To Whom it may concern,

I Curt Burlingame the president of not water ventures relinquish the name.

Best Regards,

Curt V. Burlingame

467 SE SR 100

Lake City, Fl. 32025

awoodtruss@comcast:net

(386) 752-3103

FILED

16 MAR 21 PH 4: 21

16 MAR 21 PH 4: 21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili				ににたり
•	ty Company is:			16 NAR 21 PH 4:
Not Water Ventures			<u>-</u>	GEORETARY OF STAT
(Must end	with the words "Limited	d Liability Company,	"L.L.C.," or "LLC.")	THE AREAS EE, FLORE
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited L	iability Company is:	
<u>Princir</u>	oal Office Address:		Mailing Ad	dress:
467 SE SR 100		467 S	E SR 100	
Lake City, Fl. 32025	5	Lake	City, Fl. 32025	
The name and the Horida Sheet	Curt V. Burlingame			
The name and the Florida street	address of the registered	d agent are:		
	Curt V. Burlingame			
		Name		
	467 SE SR 100			
		s (P.O. Box <u>NOT</u> acc	reptable)	
	Lake City	Florida	32025	
	City	State	Zip	•
laving been named as registered	. I hereby accept the app			
clace designated in this certificate further agree to comply with the ping familiar with and accept the ol	bligations of my position	aregistered agent as		nce of my duties, and I

Title: "AMBR" = Au	thorized Member	Name Address	<u>*</u>	
"MGR" = Man		V		
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(Use attachmen	t if necessary)			
If the date inserte ument's effective	e date on the Department of	et the applicable statutory fil 'State's records.	ing requirements, this date v	vill not be
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f the date inserted the date i	ed in this block does not me to date on the Department of evisions, if any. IGNATURE: Signature of a mem This document is executed I am aware that any false in		sentative of a member. 605.0203 (1) (b), Florida Sta	ututes.
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