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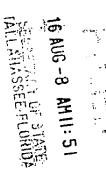
| (Req | uestor's Name) | |
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| (Ádd | ress) | · · · · · · · · · · · · · · · · · · · |
| (City. | /State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Section Division of Corporations | | |
|-------------|---|------------------|--|
| SUBJECT | Pure Water America | | |
| SOBOLE | · | imited Liabili | Ly Company |
| The enclo | sed Articles of Organization and fee(s) a | ere submitted | for filing. |
| Please retu | urn all correspondence concerning this n | natter to the fo | ollowing: |
| | Guillermo A. Aragon | | |
| | | Name of | Person |
| | | Firm/Cor | npany |
| | 16097 SW 139th Ave | | |
| | | Addre | rss |
| | Miami, Florida, 33177 | | |
| | guillealain@yahoo.com | City/State and | ł Zip Code |
| | E-mail address: (to be use | d for future as | nnual report notification) |
| For further | information concerning this matter, plea | se call: | |
| | · · · · · · · · · · · · · · · · · · · | 305 | 916-0008 |
| | | Area Code | Daytime Telephone Number |
| Enclosed i | is a check for the following amount: | | |
| \$125.00 F | Siling Fee \$130.00 Filing Fee & Certificate of Status | Certifie | Solution of the state of the st |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 1 | 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 I - Name: The name of the Limited Liabilit | y Company is: | | | |
|---|---|---|---|------------------------------------|
| Pure Water America, | | | | |
| (Must end | with the words "Limited | l Liability Company, ' | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | ddress of the principal of | office of the Limited L | iability Company is: | |
| <u>Princip</u> : | Principal Office Address: | | Mailing Address: | |
| 16097 SW 139th Ave | 16097 SW 139th Ave | | 16097 SW 139th Ave | |
| Miami, Florida, 3317 | Miami, Florida, 33177 | | Miami, Florida, 33177 | |
| The name and the Florida street | Guillermo A. Arago | n Name | eptable) | -8 AMII: 51 |
| | Miami, | Florida | 33177 | |
| | City | State | Zip | |
| Having been named as registered of place designated in this certificate, further agree to comply with the proam familiar with and accept the ob | I hereby accept the app ovisions of all statutes r ligations of my position | ointment as registered elating to the proper a | dgent and agree to act in the description of the performance of provided for in Chapter 605 | is capacity. I my duties, and I |

Page 1 of 2

| Title: "AMBR" = Auth | | Name and Address: | |
|--|---|--|--------|
| "MGR" = Manag | ger | Guillermo A. Aragon | |
| ···· | | 16097 Sw 139th Av | |
| | | Miami, Florida, 33177 | |
| VP | | Juan R. Hernandez | |
| | | 16097 Sw 139th Av | |
| | | Miami, Florida, 33177 | |
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| effective date is list | ate, if other than the date | e of filing: 08/08/2016 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d | lays |
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| CLE V: Effective dieffective date is liste to of filing.) If the date inserted cument's effective of CLE VI: Other proventies of the course o | ate, if other than the date ed, the date must be specific in this block does not not date on the Department disions, if any. GNATURE: Signature of a methic document is executed. | meet the applicable statutory filing requirements, this date will not be of State's records. ember or an authorized representative of a member. | ne lis |
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