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TALLAHASSEE FLORIDY

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJEC	South Florida Water Solutions, LLC
SOBJE	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:
	Eric B. Critchlow
	Name of Person
	South Florida Water Solutions, LLC
	Firm/Company
	13176 53rd Ct. North
	Address
	Royal Palm Beach, FL 33411
	City/State and Zip Code Ecritch814@aol.com
	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
	Eric B. Critchlow 561 601 - 5024
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00	Filing Fee \$\ \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)} \ \ \ \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 AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ter Solutions, LLC	·		<u></u>
(Must o	ontain the words "Limited Liab	oility Company, "	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal office	e of the Limited I	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
13176 53rd Ct. N		_		
(The Limited Liability Companother business entity with	Agent, Registered Office, & Regany cannot serve as its own Regan active Florida registration.)	gistered Agent. Y	ou must designate an individual or	N 15
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) eet address of the registered age Eric B. Critchlow	gistered Agent. Y	ou must designate an individual or	MY 15 PM
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.) eet address of the registered age Eric B. Critchlow	gistered Agent. Y	ou must designate an individual or	MY 15 PM
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ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.) eet address of the registered age Eric B. Critchlow No. 13176 53rd Ct. North	gistered Agent. Y ent are: ame	ou must designate an individual or	MY 15 PM

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)

Title:	Name and Address:	
"AMBR" = Authorized M	ember	
"MGR" = Manager MGR	Eric B. Critchlow	
MOK	13176 53rd Ct. North	
	Royal Palm Beach, FL 33411	_
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(Use attachment if necessar		
LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this bl	er than the date of filing: 05/12/2017	_
LE V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the	er than the date of filing: 05/12/2017	_
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E V: Effective date, if other fective date is listed, the date of filing.) If the date inserted in this blument's effective date on the LE VI: Other provisions, if a REQUIRED SIGNATURE Sign	er than the date of filing: 05/12/2017 (OPTIONAL) the must be specific and cannot be more than five business days prior to or ook does not meet the applicable statutory filing requirements, this date will be Department of State's records. Interpolation of the control of th	not be li
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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)