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(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Aqua Force Sarasota, Inc.
8232 Constance Dr.
Sarasota, Florida 34243
(941) 330-5067

August 24, 2018
Via Email
Kyle D. Brumbley
kyle.brumbley@dos.myflorida.com

Re: Aqua Force Sarasota LLC

Dear Kyle,

We are the sole shareholders of Aqua Force Sarasota, Inc., a Florida corporation We consent to the formation of a new Florida limited liability company bearing the name Aqua Force Sarasota LLC, of which we will be the sole members.

Sincerely,

John Hancher

Jared Swan

Cc: Marshall S. Harris

COVER LETTER

TO: **New Filing Section**
Division of Corporations

SUBJECT: Aqua Force Sarasota 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:

Marshall S. Harris
Name of Person

MSH Law Firm, P.A.
Firm/Company

2443 Via Sienna
Address

Winter Park, Fl 32789
City/State and Zip Code

aquaforcesarasota@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marshall S. Harris at (407) 740-7378
Name of Person | Area Code | 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Aqua Force Sarasota LLC
(Must contain 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:	Mailing Address:
9210 Wauchula Road	9210 Wauchula Road
Myakka City Florida 34251	Myakka City Florida 34251

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:

Jared A. Swan
Name

9210 Wauchula Road
Florida street address (P.O. Box NOT acceptable)

Myakka City Florida FL 34251
City 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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TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jared A. Swan 9210 Wauchula Road Myakka City Florida 34251

(Use attachment if necessary)

ARTICLE V: 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.

John M. Hancher

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)