

L19000213930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

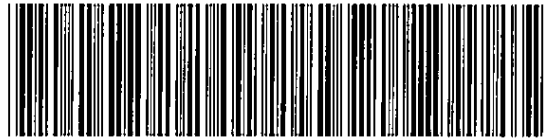
Certificates of Status 1

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

AUG 28 2019



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FILING CANCELLED
DUE TO RETURNED CHECK

08/28/19--01023--007 **377.50

19 AUG 28 PM 2:58

FILED
2019 AUG 28 PM 3:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

FILING CANCELLED
DUE TO RETURNED CHECKTO: New Filing Section
Division of CorporationsSUBJECT: Aquas Exchange L.L.C.
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:

Cleveland Foster
Name of Person513 Osceola St
AddressTallahassee, FL 32301
City/State and Zip CodeAquasExchange@Toland.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cleveland Foster at (224) 301-0309
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee

\$135.00 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 AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew 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:

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Aquas Exchange L.L.C.

(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:

513 Osceola St
Tallahassee FL 32301

P.O. Box 1063
Monticello FL 32344

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:

Cleveland B. Foster
Name

513 Osceola St
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32344
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.

Cleveland B. Foster

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Cleveland B. Lister
813 Osceola St
Tallahassee FL 32301

Deanna Thompson
523 Osceola St
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 28 PM 3:20

FILED

(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:

Cleveland B. Lister

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.

Cleveland B. Lister

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)