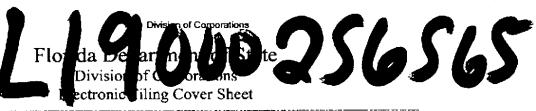
10/17/2019 Resubmission, please keep file date of 10/17/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003082273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.

Email	Address:			
-------	----------	--	--	--

FLORIDA LIMITED LIABILITY CO.

Delphinus Waters LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

OET: 2 5 2019

ARTICLES OF ORGANIZATION

OF

DELPHINUS WATERS LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "Company") under the Florida Limited Liability Company Act (the "Act"), as follows:

NAME

The name of the Company is: Delphinus Waters LLC.

MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Manuel Miranda, Manager, 5319 Aerie Court, Clarksville, MD 21029.

NAME AND ADDRESS OF MANAGER

The name and address of the sole Manager of the Company is Manuel Miranda, 5319 Aeric Court, Clarksville, MD 21029.

EXISTENCE

The date when the Company's existence will commence is October ____, 2019 in accordance with Section 608.409(1) of the Act.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: CT Corporation System, 1200 South Pine Island Road, Plantation, FL 33324.

Jordan I. Bailowitz

Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

CT CORPORATION SYSTEM

Name: Kimberly Laughrey

Title: Assistant Secretary