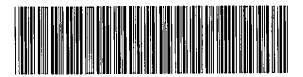
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(Requestor's Name)				
(Address)				
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(Address)				
(Modiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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Office Use Only



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INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK	UP:	03/05/2020		
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ХХ	FILING	LLC			_
GLOBAL WATER TREATMENT LLC					
(CORPORATE NAME AND DOCUMENT #)					
					
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Global Water Treatment LLC Name of Limited Liability Company
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:
Seffen line
Name of Person
Name of Person
Global water Treatment LLC Firm/Company
Firm/Company
8435 Rumblewood Dr- Svide 2408 Address
Address
Corn Spring FL 3307/
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffen / 1000 1000 1000 1000 1000 1000
Name of Person Area Code Daytime Telephone Number
Same of Ferson Area Code Daytime Lelephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:	
8935 Rumblewood Dr. Coral Springs Fl. 33071 Svitt 2408	Coral Springs Fl- 33071 Suite 2408	

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:

Name

8935 Namblewed Pr. Svide 2408

Florida street address (P.O. Box NOT acceptable)

Cural Springs Fl. 33071

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..

Deffrey Dweman (REQUIRED)

(CONTINUED)

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ARTICLE IV- The name and address of each person authorities.	orized to manage and control the Limited Liability Company:		
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager R	Jeffrey Liverman		
(Use attachment if necessary)			
(If an effective date is listed, the date must be specif the date of filing.)	filing: 3/5/20 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as State's records.		
ARTICLE VI: Other provisions, if any.			
REOUIRED SIGNATURE:			
——————————————————————————————————————	Gren Inemar		
I his document is executed in I am aware that any false inf	n accordance with section 605.0203 (1) (b), Florida Statutes ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.		
Jef	frey Livernan		
T:	yped 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)