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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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### COVER LETTER

	New Fung Section Division of Corporations
SUBJEC	Aqua Eco Technologies, LLC
701,,170	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	John O'Malley
	Name of Person
	Firm/Company
	4582 N. Hiatus Road
	Address
	Sunrise, Ft. 33351
	City/State and Zip Code john@johnomalleylaw.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	John O'Malley 954 940-2989at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
S125.00	Filing Fee Status Statu

### **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 2020 FEB 24 PM 4: 56 SECRETARY OF STATE TALLAHASSEE, FL

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
The name of the Entiree Charles	Company in		
Aqua Eco Technologia			
(Must conta	in the words "Limited	Liability Compan	y, "L.L.C.," or "L.LC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal o	ffice of the Limit	ed Liability Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
4582 N. Hiatus Road			82 N. Hiatus Road
Sunrise, FL 33351		<u>Su</u>	nrise, FL 33351
(The Limited Liability Company another business entity with an arthur name and the Florida street a	etive Florida registratio	n.)	at. You must designate an individual or
	John O'Malley, Esqui	_	
	John O Maney, Talqui	Name	<del></del>
	4582 N. Hiatus Road		
	Florida street addres	s (P.O. Box <u><b>SO</b>T</u>	[acceptable]
	Sunrise	FL	33351
	City	State	Zip
			at a standard the

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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## ARTICLE IV-

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

" A STDD" — Authorizad Mambar	
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Guillaume P. Paquet
	4582 N. Hiatus Road
	Sunrise, FL 33351
AMBR	Priscila Nietsen Munoz
	4582 N Hiatus Road
	Sunrise, FL 33351
_	
<del> </del>	
(Use attachment if necessary)	
·	
LEV: Effective date, if other than t	he date of filing: (OPTIONAL)
LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	-1-
	The Committee of the Co
Circumtana	
Signature (	of a member or an authorized representative of a member.
This document is	of a member or an authorized representative of a member. executed in accordance with section 605,0203 (1) (b), Florida Statutes.
This document is I am aware that ar	of a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
This document is I am aware that ar	executed in accordance with section 605.0203 (1) (b), Florida Statutes by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
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