## L20000366935

(Requestor's Name)	
(Address)	
<b>,</b> ,	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Octames depices	_
	_
Special Instructions to Filing Officer:	

Office Use Only



200355974082

12/03/20--01602---017 \*\*1/5.60

DEC

## Advanced Incorporating Service

1317 California Street P.O. Box 20396

Phone: 850-222-CORP Fax: 850-575-2724 Tallahassee, FL 32316 Email: orders@aisincfl.com

Website: www.aisincfl.com

Agra Trendi CC	
FOR OFFICE USE	ONLY
PICK ONE:	
CERTIFIED COPYPHOTOCOPYC.U.S.	
FILING:	
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PART	NERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMEN	Т
FOREIGN QUALIFICATIONJUDGMENT LIEN	
OTHER	
RETRIEVAL:	
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOP	Υ
Of	
APOSTILLE/CERTIFICATION REQUEST:	
Country	
Amount of Documents	
DATE 12/2/20 TIME	
Notes:	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
AquaTrends LLC	
(Must contain the words "Limited Liab	ility 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:
4000 Hollywood Blvd., Suite 500 N	4000 Hollywood Blvd., Suite 500 N
Hollywood, FL 33021	Hollywood, FL 33021
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
The name and the Florida street address of the registered age	nt are:
Phillips, Cantor & Shalek	, P.A.

Name

4000 Hollywood blvd.,suite 500 N

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

Hollywood FL 33021

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)	
(If an effective date is listed, the date must be specif the date of filing.)	filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	E (. (d.)
Signature of a memb This document is executed I am aware that any false in	per or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.
<u>Jerald C. Cantor</u> T	Typed or printed name of signee

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

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)

ARTICLE IV-