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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Special Instructions to Filing Officer:

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## CORPORATE ACCESS, \_

When you need ACCESS to the world

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**

	CERTIFIED COPY		
	РНОТОСОРУ		
XX	CUS	GS	
XX	FILING	LLC	
_	(CORPORATE NAME AND DOCU		
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#### **COVER LETTER**

	New Filing Sec Division of Co						
CUBIC		Organics LLC					
SUBJEC	Т:		of Lim	ited Liabili	ty Company		
The enclo	sed Articles of	Organization and fee	:(s) are	submitted	for filing.		
Please ret	urn all correspo	ondence concerning th	his ma	tter to the f	ollowing:		
	Maura Ziska	ı					
				Name of	Person		
	Kochman &	Ziska PLC					
				Firm/Co	mpany	<del></del>	
	222 Lakeview Avenue, Suite 1500						
		<del></del>		Addre	ess		
	West Palm E	Beach, FL 33401					
	mziska@flori	dawills.com	Ci	ty/State and	1 Zip Code	<del></del>	
			used	for future a	nnual report notificati	on)	
For further	information co	ncerning this matter,	please	call:			
	Maura Ziska Name of Person		561 at (		802-8960		
				ea Code	Daytime Telephon	e Number	
Enclosed	is a check for t	ne following amount:					
□\$125.00 Filing Fee		Fee ☐\$130.00 Filing Fee & Certificate of Status		Certific	i.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address			Street Address New Filing Section Di	ivision	

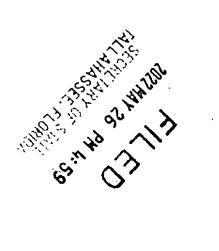
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

The name of the Limited Liab	oility Company is:		
Big Water Organi	ics LLC		
(Must c	ontain the words "Limited L	iability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal of	fice of the Lin	nited Liability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
222 Lakeview Av	enue, Suite 1500		222 Lakeview Avenue, Suite 1500
West Palm Beach	, FL 33401		West Palm Beach, FL 33401
	Kochman & Ziska PL	Name	
	222 Lakeview Avenue		OT assessable)
	Florida street address	(P.O. BOX <u>M</u>	acceptable)
	West Palm Beach	<u>FL</u>	33401
	City	State	Zip
lace designated in this certific inther agree to comply with the	ate, I hereby accept the appo e provisions of all statutes rel e obligations of my position a	intment as reg lating to the pi s registered a	or the above stated limited liability company at istered agent and agree to act in this capacity. Toper and complete performance of my dutics, gent as provided for in Chapter 605, F.S

(CONTINUED)



#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = A	Name and Address: uthorized Member
"MGR" = Ma	nager
MGR	Maura Ziska
	222 Lakeview Avenue, Suite 1500
	West Palm Beach, FL 33401
	<del></del>
If an effective date is l he date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:
ARTICLE VI: Other p	ovisions, if any.
REOUIRED	SIGNATURE: Whitziahu
	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.
	Maura Ziska, Authorized Representative 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)