

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L22000481750**

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : COMITER & SINGER, LLP  
Account Number : I20000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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

Email Address: Corporate@comitersinger.com

**FLORIDA LIMITED LIABILITY CO.**  
**Flood Solutions USA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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AND  
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2022 NOV -4 AM 11:41  
TALLAHASSEE, FLORIDA

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NOV 14 2022  
K. Brumley

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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Flood Solutions USA, LLC  
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:

Stephen Gill  
Name of Person  
Flood Risk America, Inc.  
Firm/Company  
720 Lucerne Ave., Suite 567  
Address  
Lake Worth, FL 33460  
City/State and Zip Code  
sgill@floodriskamerica.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Largey      561      578-4220  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**Mailing Address**

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

**Street Address**

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Flood Solutions USA, LLC

(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:

720 Lucerne Ave., Suite 567  
Lake Worth, FL 33460

720 Lucerne Ave., Suite 567  
Lake Worth, FL 33460

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:

Stephen Gill

Name

720 Lucerne Ave, Suite 567

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

Lake Worth

FL

33460

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR/AMBR

Stephen Gill

720 Lucerne Ave., Suite 567

Lake Worth, FL 33460

MGR/AMBR

Tiffany Largey

720 Lucerne Ave., Suite 567

Lake Worth, FL 33460

AMBR

Dave Shorten

720 Lucerne Ave., Suite 567

Lake Worth, FL 33460

AMBR

Newmart LLC

PO Box 281

Linwood, NJ 08221

(Use attachment if necessary)

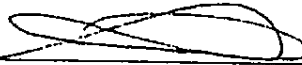
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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.

Stephen Gill, Member

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)

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Article IV (cont.)

AMBR

Brian Sellers  
1840 S Etting St.  
Philadelphia, PA 19145