

9/19/24, 12:08 PM

Division of Corporations

H24000319421-3

**LZ4004108458**

9.23.24

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000319421 3)))



H240003194213ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : EXPERTAX  
Account Number : I20200000010  
Phone : (407)777-7470  
Fax Number : (321)206-9743

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**H2O LILAC LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2024 SEP 20 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FL

24 SEP 20 AM 7:23

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H 24000319421 3

H240003394213

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: H2O LILAC 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:

MIRIAM METCALF

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

514 CITRUS ISLE BLVD

\_\_\_\_\_  
Address

DAVENPORT FLORIDA 33837

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM METCALF      352      201-9190  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

FILED  
24 SEP 20 AM 7:23

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H240003394213

H24000339421 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

H2O LILAC 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:514 CITRUS ISLE BLVD  
DAVENPORT FLORIDA 33837Mailing Address:2853 WEST SUNRISE STREET  
LECANTO FLORIDA 34461

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

MIRIAN METCALF

Name

514 CITRUS ISLE BLVDFlorida street address (P.O. Box **NOT** acceptable)

<u>DAVENPORT</u>	<u>FLORIDA</u>	<u>33837</u>
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..

MIRIAN METCALF

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000339421 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 SEP 20 AM 7:23

H 24 000 339421 3

**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

MIRIAN METCALF  
2853 WEST SUNRISE ST  
LECANTO FL 34461

MGR

ALEJANDRA ALONZO  
2853 WEST SUNRISE ST  
LECANTO FL 34461

MGR

CARLOS MENDOZA  
2853 WEST SUNRISE ST  
LECANTO FL 34461

(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.

MIRIAN METCALF

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)

H 24 000 339421 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
24 SEP 20 AM 7:23