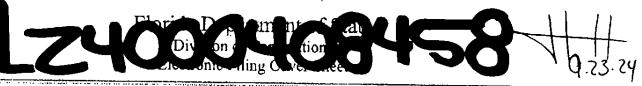
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Division of Corporations



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FLORIDA LIMITED LIABILITY CO. H2O LILAC LLC

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COVER LETTER

	New Filing Sec Division of Cor						
¢i:bir∕~	H2O LILA T:	C LLC					
SCBIEC	'	Name of	Limited Liabili	ty Company			
The enclo	sed Articles of	Organization and fee(s)	are submitted	for filing.			
Please ret	um all correspo	ondence concerning this	matter to the fe	illowing:			
	MIRIAM M						
			Name of		···		
			Firn/Co	npany			
		S ISLE BLVD					
	**************************************		Addre		- 		
		RT FLORIDA 33837					
			City/State and				
	I	E-mail address: (to be us	sed for future a	nnual report notification	on)		
For further	information co	ncerning this matter, plo	ease call:				
	MIRIAM MI	ETCALF	352	201-9190			
	Nam	e of Person		Daytime Telephone	Number		
Enclosed	is a check for t	he following amount:					
⊡\$125.0	0 Filing Fec	■\$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 enclo	24 SEP	SECRE
	New F Vivisio P.O. B	iling Section on of Corporations fox 6327 assec, FL 32314		Street Address New Filing Section Div The Centre of Tallahas 2415 N. Monroe Stree Tallahassee, FL 32303	ssee t, Suite 810	20 AM 7: 23	IARY OF STATE

H24000319421 3

ARTICLES OF ORGANIZAT	CONFORT	LORIDA LIMITED LI	ABILTIY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is	s:			
H2O LILAC LLC (Must conatin the words	"Limited I.	iability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal ot	fice of the Limited Li	ability Company is:	
Principal Office Add	iress:		Mailing Addre	<u>:ss</u> :
514 CITRUS ISLE BLVD DAVENPORT FLORIDA 33837		LECA	VEST SUNRISE STREI NTO FLORIDA 34461	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve another business entity with an active Florida	ed Office, & as its own l	& Registered Agent's Registered Agent. Yo		ividual or
The name and the Florida street address of the	registered	agent are:		
MIRIAN :	METCALF			
		Name		
514 CITR	US ISLE B	LVD		
Florida st	eet address	(P.O. Box NOT acce	ptable)	
DAVENP	ORT	FLORIDA	33837	
	City	State	Zip	
Having been named as registered agent and to a	ccept servic	ee of process for the al	nove stated limited liabili	ity company at t

he 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..

WIRIAN MET CALF
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Mem	Name and Address:	
"MGR" = Manager		
MGR	MIRIAN METCALF 2853 WEST SUNRISE ST	•
	LECANTO FL 34461	-
MGR	ALEJANDRA ALONZO	_
	2853 WEST SUNRISE ST LECANTO FL 34461	-
	250.111010 34401	•
MGR	CARLOS MENDOZA	
	2853 WEST SUNRISE ST	
	LECANTO FL 34461 .	
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