

Document Number Only

285  
L95000000699

FILED  
SEP 13 1995  
SEC. 13  
1995

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City

State

Zip

Phone

904-222-1092

CORPORATION(S) NAME

7000001111111111  
09/13/95-01054-003  
\*\*\*\*285.00 \*\*\*\*285.00

Treasure Coast Water Treatment, L.C.

☐ Profit

☐ NonProfit

☒ Limited Liability Company

☐ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ Certified Copy

☐ Photo Copies

☐ CUS/ G/S

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

|                |
|----------------|
| Name           |
| Availability   |
| Document       |
| Examiner       |
| Updater        |
| Verifier       |
| Acknowledgment |
| W.P. Verifier  |

3:00

9/13/95

same people have  
R95 — 3708

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

ARTICLES OF ORGANIZATION  
OF  
TREASURE COAST WATER TREATMENT, L.C.

FILED  
95 SEP 13 PM 12:50  
SECRET  
TALLAHASSEE STATE  
FLORIDA

These Articles of Organization of Treasure Coast Water Treatment, L.C. (the "Company"), are being duly executed and filed by the undersigned person pursuant to the Florida Limited Liability Company Act (the "Act"):

ARTICLE I

Name

The name of the Company is Treasure Coast Water Treatment, L.C.

ARTICLE II

Term of Existence

The latest date on which the Company is to dissolve is July 1, 2045, unless sooner dissolved in accordance with the Act or the Company's Regulations as in effect from time to time hereafter (the "Regulations").

ARTICLE III

Principal Office

The mailing address and street address of the Company's principal office is 1504 S.E. Village Green Drive, Port St. Lucie, Florida 34952.

ARTICLE IV

Registered Office and Agent

The street address of the Company's initial registered office in the State of Florida at the time of filing these Articles of Organization is 1200 South Pine Island Road, Plantation, Florida 33324, and the name of its registered agent at such office is currently CT Corporation System.

## ARTICLE V

### Managers

The Company is to be managed by its members. The name of the initial managing member who will serve as managing member until the first annual meeting of the members or until its successor is elected and qualify is Aquion Partners Limited Partnership and its address is 2080 E. Lunt Avenue, Elk Grove Village, Illinois 60007.

## ARTICLE VI

### Admission of Additional Members

Additional members may be admitted to the Company only upon the written consent of members owning at least a majority of the interests in the Company. In addition, each additional member shall have:

(a) become a party to, and adopted all of the terms and conditions of the Regulations;

(b) if such additional member is a corporation partnership (general or limited), trust or limited liability company, provided the manager of the Company with evidence satisfactory to Company counsel of such new member's authority to become a member under the terms and provisions of the Regulations;

(c) paid or agreed to pay the costs and expenses incurred by the Company in connection with admitting such additional member; provided, however, that the new member will be treated as having become, and as appearing in the records of the Company as, a member on such date that the members owning at least a majority of the interests in the Company have consented to such admission in writing.

## ARTICLE VII

### Members' Rights to Continue Business

Upon the death, retirement, resignation, expulsion, bankruptcy, dissolution or the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall be immediately dissolved unless the Company is continued by the unanimous consent of the remaining members within ninety (90) days after the occurrence of the event; provided, however, that the Company may not be continued

unless there are at least two remaining members and provided  
further that nothing in the Regulations impair, restrict or limit  
the rights and powers of the remaining members under the laws of  
the State of Florida and any other jurisdiction in which the  
Company is doing business to reform and reconstitute themselves  
as a limited liability company following the dissolution of the  
Company either under provisions identical to those set forth in  
the Regulations or under other provisions.

IN WITNESS WHEREOF, the undersigned person has executed  
these Articles of Organization as of this 12th day of September,  
1995.

  
\_\_\_\_\_  
Michael J. Parlowski

**Registered Agent Acceptance**

Having been named as registered agent and to accept service of  
process for the above-stated limited liability company at the  
address designated in this certificate pursuant to the provisions  
of section 608.415, Florida Statutes, 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.

CT Corporation System.

By: Connie Bryan  
Name: CONNIE BRYAN  
Title: SPECIAL ASSISTANT SECRETARY

Date: 9/13/95

FILED  
95 SEP 13 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned authorized representative of a member of  
Treasure Coast Water Treatment, L.C. deposes and says:

- 1) the above named limited liability company has at least two members.
- 2) the total amount of cash contributed by the members is \$10,000.00.
- 3) no property other than cash will initially be contributed by the members.
- 4) the total amount of cash anticipated to be contributed by members is \$10,000.00.



Signature of the authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILE NOW: Fee after May 1, will be \$263.75**

**FILED**

96 FEB 23 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1995  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 238.75**  
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

**DOCUMENT # L9500000699**

TREASURE COAST WATER TREATMENT, L.C.  
1504 S.E. VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

1a. Principal Place of Business Address  
1504 S.E. VILLAGE GREEN DRIVE  
PORT ST. LUCIE FL 34952

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

**2 Principal Place of Business**

**2a. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**3. Date Organized or Qualified**

**3a. State of Formation**

09/13/1995

FL

**4. FCI Number**

☐ Applied For

☐ Not Applicable

65-0599859

**5. Date of Last Report**

**6. Certificate of Status Desired**

N/A

☐ Additional Fee Required

**7. Name and Address of Current Registered Agent**

**8. Name and Address of New Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (Not for use by Registered Agent signature required when reappointing)

**10. Title**

**Managing Members/Managers**

**Business Street Address**

**City, State and Zip Code**

MGRM AQUION PARTNERS LIM, 2080 EAST LUNT AVENUE

ELK GROVE VILLAGE IL

000001726120  
-02/28/96--01013--005  
\*\*\*\*238.75 \*\*\*\*238.75

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

STEPHEN R. EPSTEIN  
CHIEF FINANCIAL OFFICER

13 FEB 96

(847)

437-9400

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER OR MEMBER OR MANAGER

AQUION

Date

Daytime Phone #