

**BRASHEAR & ASSOCIATES, P.L.**  
*Counselors At Law*

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L99000002726

May 6, 1999

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: NATURAL H<sub>2</sub>O SOLUTIONS, L.C.

Gentlemen:

Please find the original and one (1) copy of the Articles of Organization for the above-referenced limited liability company, as well as our check in the amount of \$337.50 representing the following:

Filing Fee	\$ 250.00
Certificate Designating Resident Agent	35.00
Certified Copy of Articles of Incorporation	52.50

After filing the original Articles of Organization, please certify the enclosed copy and return same to this office.

Sincerely,

BRASHEAR & ASSOCIATES, P.L.

By:

Carrie Fagan, Legal Assistant

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-05/10/99--01142--009  
\*\*\*\*337.50 \*\*\*\*337.50

FILED  
99 MAY 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Enclosures

Name	CF
Availability	05-12
Document Examiner	CF
Updater	CF
Updater Verifier	CF
Acknowledgment	CF
W. P.	CF

FILED  
99 MAY 10 PM 5:00  
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
NATURAL H<sub>2</sub>O SOLUTIONS, L.C.**

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

**ARTICLE I  
NAME OF COMPANY**

The name of the limited liability company is NATURAL H<sub>2</sub>O SOLUTIONS, L.C. (the "Company").

**ARTICLE II  
PERIOD OF DURATION**

The Company shall terminate on May 5, 2029.

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The address of the Company's principal office and mailing address is as follows: 3204 N.W. 57<sup>th</sup> Terrace, Gainesville, FL 32606. The name and address of the Company's initial registered agent in the State of Florida is as follows: David E. Fowler, 3204 N.W. 57<sup>th</sup> Terrace, Gainesville, FL 32606.

**ARTICLE IV  
REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS**

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the unanimous approval of the members entitled to vote.

**ARTICLE V  
DISSOLUTION AND RIGHT TO CONTINUE BUSINESS**

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, unless within ninety (90)

days after such event all of the remaining members agree in writing to continue the business of the Company.

### ARTICLE VI MANAGEMENT

The Company will be managed by David E. Fowler, Phiya Kushi and Lizz Klein in accordance with the Company's regulations. The names and business addresses of the managers are as follows:

David E. Fowler  
3204 N.W. 57<sup>th</sup> Terrace  
Gainesville, FL 32606

Phiya Kushi  
P.O. Box 7  
Becket, MA 01223

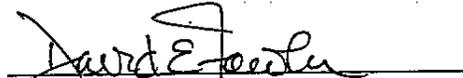
Lizz Klein  
P.O. Box 7  
Becket, MA 01223

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59 MAY 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE VII PURPOSE

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS 6 DAY OF MAY, 1999.

  
DAVID E. FOWLER

STATE OF FLORIDA  
COUNTY OF ALACHUA

Before me personally appeared DAVID E. FOWLER who is known to me to be the person who executed the foregoing Articles of Organization on behalf of NATURAL H<sub>2</sub>O SOLUTIONS, L.C.

In witness whereof, I have hereunto set my hand and seal on this 6 day of May, 1999.



Carrie P. Fagan  
MY COMMISSION # CC607298 EXPIRES January 8, 2001  
BONDED THRU TROY FAIN INSURANCE, INC.  
Notary Public, State at Large

Printed Name  
My Commission Expires:

FILED  
99 MAY 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF  
DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: NATURAL H<sub>2</sub>O SOLUTIONS, L.C.
2. The name and address of the registered agent and office is:

David E. Fowler  
3204 N. W. 57<sup>th</sup> Terrace  
Gainesville, FL 32606

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.

  
\_\_\_\_\_  
DAVID E FOWLER, Registered Agent

Date: May 6, 1999

99 MAY 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

The undersigned member or authorized representative of a member of NATURAL H<sub>2</sub>O SOLUTIONS, 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 \$100.00;
- 3) If any, the agreed value of property other than cash contributed by member(s) is: N/A.
- 4) The total amount of cash or property anticipated to be contributed by members is \$100.00. This total includes amounts from 2 and 3 above.

  
\_\_\_\_\_  
DAVID E. FOWLER

(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.)

FILED  
99 MAY 10 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA