M14000007 F7

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J. Shivers FEB 0 5 2013

(6,22)



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2014

MILLARD FISHER 14222 N FRIENDSHIP LN NINE MILE FALLS, WA 99026

SUBJECT: WATER RESOURCES GROUP, LLC

Ref. Number: W14000001597

We have received your document for WATER RESOURCES GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 814A00000566

www.sunbiz.org

CR2E027 (9/10)

COVER LETTER

Division of Corporations
SUBJECT: Water Resources Group, LLC
Name of Limited Unability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Millard M. Fisher
Name of Person
Water Resources CTroup LLC
Firm/Cympany
14222 N. Friendship Ln
Nine Mile Falls WA 99026
City/State and Zip Code millard 3 a 9 mail - 10 m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Millard Fisher at 360 339 - 1038 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
Registration Section Registration Section P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Bull \$155.00 Filing Fee & Status \$\Bigcup \$155.00 Filing Fee & Status \$\Bigcup \$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	SIER A
1. Wister Mesources (7m vp LL C. (Name of Foreign Limited Liability Company): must include "Limited Liability Company," "L.L.C.," or "LLC.")	-
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Lin Liability Company," "LLL,C," or "LL,C,")	ited
2. Mishing ton (Jurisdiction under the law of which foreign limited liability company is organized) 3. 26 - 165 78 56 (IEI number, if applicable)	-
4	-
(Date first transacted business in Florida, if prior to registration) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 5. /4222 N. Fri and Shift Ln	_
Nine Mile Falls, WA 99026 (Street Address of Principal Office)	
6. 14222 N. Friendship Ln.	
Nin Mile Falls, WA 99026	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manageristare:	
Milliam F De Busk awner	164
5.5 3 5.5 3	18 g
	14.
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the offi having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translation be submitted)	
Mille A. M. Fasher	
Signature of an authorized person this accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein aim aware that any talse information submitted in a document to the Department of State constitutes a third degree telony as provided for in 8.817.155, F.S.,	rare true d
Millard M. Fisher	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: WITH RESOURCES CTOUP LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
William F. De Busk		Ţ.
(Name) 67 Lighthwise Ave Florida Street Address (P.O. Box NOT ACCEPTABLE)		
, , ,		<u> </u>
St. Augustine FL 32080 City/State/Zip	- 5 501	::
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate. I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am family accept the obligations of my position agreeistered agent as provided for in Chapter 60 Statutes.	itment as provisions iar with ar	of all
(Signature)		
S 100.00 Filing Fee for Application S 25.00 Designation of Registered Agent		

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

OF WATER RESOURCES GROUP, LLC

1 FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 1/2/2008.

I FURTHER CERTIFY that as of the date of this certificate, WATER RESOURCES GROUP,

LLC remains active and has complied with the filing requirements of this office.

Date: December 20, 2013

UBI: 602-794-346

STATE OF WASHINGTON TO THE STATE OF WASHINGTON TO THE STATE OF THE STA

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

• HARA

Kim Wyman, Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	I ELAGE NEAD	ALL INOTING	JC HOIA	S BEFORE	COMPLE	ING THIS FORM			
LIMITED LI. COMPA REINSTAT	ANY I	3 1	PARTMEN retary of S	State		FER -4; F# 1:			
DOCUMENT # L03000032866 1. Limited Liability Company's Name ORANGE AVENUE LLC					TAL II	TALLAH SESSE FLORIDA			
2 Principal Office A	.ddress - No P.O. Box #	3. Mailing Office	Address			CR2E041 (12/	13)		
	ANGE AVE	1	ORANGE AVE		4 State/Cou	A State/Country of English			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. State/Country of Formation FLORIDA				
City & State	*****	City & State		·		inized or Qualified siness in Florida			
SARASO	TA, FL	SARASC	DTA. FL	_	6. FEI Numb		Applied For		
Zip	Country	Zip	······································	untry	- <u>201191</u>		Not Applicable		
34236		34236			CERTIFICAT	E OF STATUS DESIRED	5.00 Additional Fee required for a Certificate of Status		
8. Name GEORGE BIRK	Name and Address of	Current Registered A	Agent			E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 512 N ORANGE AVE Suite, Apt. #, Etc.			6 02/0	600256352146 02/04/1401024002 **848.75					
••				p	office@pi	office@piercecontractinginc.com			
Cīty SARASOTA			State FL	Zip Code 34236	(To b	(To be used for future annual report notices)			
9. I, being appointe	d the registered agent of the ab	ove named limited liab	bility company	am familiar with and	d accept the obliga	ations of Chapter 605, F.S.			
Signature of Registered A	gent #			>			-2014		
10 N		EGISTERED AGENT		•			,		
Titles AMBR/MGR	Idresses of Each Person Author Name of Authorized Perso	···- · · · · · · · · · · · · · · · · ·		ress of Each Authori	zed Person	City / Stat	e / Zip		
	ASOTA LAND.CO	M, INC. 5	512 N	ORANGI	E AVE	SARASOTA	A, FL 34236		
					,				
the reason for di company have b aware that false	e an authorized person empower ssolution has been eliminated, t een paid. The information indica information submitted in a docu	he limited liability com ited on this application	npany name sa n is true and a ent of State cor	itisfies the requireme ccurate, and my sign istitutes a third degre	ints of Chapter 60 ature shall have t se felony as provid	5, F.S., and that all fees owed he same legal effect as if mad ded for in s.817.155, F.S.	d by the limited tiability		
Signature of Authorized Per	son A	the the	_#//	1/2/1-	30-24116	Daytime Phone #	1-984 ma		
	rinted name of signing Authorize	d Person		Date /	-19	Jayume Prione #	201.10		