# M1400006014

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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B. BOSTICK AUG 2 1 2014

#### **COVER LETTER**

	ion of Corporations	
SUBJECT:	Aouatix LCC	
	Name of Limited Liability Company	•
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, check are submitted to register the above referenced foreign limited liability company to transact business.	
Please return all	Il correspondence concerning this matter to the following:	
	0 21	
	KICHARD S. ACKERMAN	
	Name of Person	
	Name of Person  Pagua Fix (CC  Firm/Company	
	Firm/Company	
	1250 Central Park Sais	<u>.</u>
	Address	
	Sanford DO 32771  City/State and Zip Code	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	•
	ormation concerning this matter, please call:	
()		
\cdot \( \sigma \)	LOCE XALLOW at 407, CG8-4180	23
	Name of Contact Person at (467) 268-9180 Daytime Telephone Number	
	INC ADDESS. STEET ADDESS. STEET ADDESS.	
	on of Corporations  Division of Corporations	L J
	tration Section Registration Section	_C
	Box 6327 Clifton Building	
	assee, FL 32314 2661 Executive Center Circle	ĭ O
	Tallahassee, FL 32301	T G
Enclosed is a	a check for the following amount:	<u> </u>
	25.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, C	ertificate
<b>—</b> 412.	Certificate of Status Certified Copy of Status & Certified	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. (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 "Limited Liability Company," "L.L.C," or "LLC.")
47-1151003
2. Delaware (Jurisdiction under the law of which foreign limited liability) 3. (FEI number, if applicable)
company is organized)
4. July 1 2014 August 2014
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
E
5.
(Street Address of Principal Office)
(Street Address of Principal Office)
6. SAN FORD DI 32771
6. SANA SANI  (Mailing Address)
(Mailing Address)
the state of the s
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
KICHAND O HCKENNAD CRESINOSTO
RICHARD S. ACKERNAR CRESINOSTO D 1250 CENTRA PARA DAVE SA 9
SANFORD DE 32771
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official 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 translator must be submitted)  Signature of an authorized person  (In 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 are true 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.)
Richard T. Heteraran
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:
Agua Fix LCC
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:
Olichard J. Aekerman (Name) 1250 Cestral Park Davie
(Name)
1250 Cestral Park Dine
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Sanfond 10 32771 City/State/Zip
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, Florida Statutes.
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AQUAFIX LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE SEVENTEENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

TILED # OF STATE

5552704 8300

140967423

Jeffrey W. Builock, Secretary of State

AUTHENTY CATION: 1544939

DATE: 07-17-14

You may verify this certificate online at corp.delaware.gov/authver.shtml



July 9, 2014

RICNARD S. ACKERMAN 1250 CENTRAL PARK DRIVE SANFORD, FL 32771

SUBJECT: AQUA FIX, LLC Ref. Number: W14000042266

We have received your document for AQUA FIX, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Certificate of Formation are unacceptable.,

Please return 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.

Barbara Bostick Regulatory Specialist II

Letter Number: 814A00014779