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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	ECT: Livi	19 Wai	ter LLC		
	1	lame of Limited I	iability Company		
	nclosed "Application by Foreign Limited I ence, and check are submitted to register th				
Please	e return all correspondence concerning this	matter to the fo	llowing:		
		Joani	ra Knelle	r	
		ving l	vater LL	Alternate Name Living Water Consulting LLC	ó
	411	Walnu	t Street	#10028	
	Gree	r Cove	Springs, 1	#10028 FL 32043	
	int	elivin	gwater 11c.	com	
		•	r future annual report notific	cation)	
For furt	rther information concerning this matter, p				
	Joanna Knell	2r	$\frac{908}{100}$	97-2146	
	Voanna Kneller at 908 797-2146 Name of Contact Person Area Code Daytime Telephone Number				
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division o Registratio Clifton Bu 2661 Exec		T.S. 1	
Enclos	osed is a check for the following arr	ount:		EC.	
	□ \$125.00 Filing Fee □ \$130.00 F Certificate	ling Fee &	□ \$155.00 Filing Fee & Certified Copy	of Status & Cappy OF STATE OF STATE OF STATE OF STATE OF STATE	

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:
Living Water LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Living Water Consulting 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.")
2. Indiana 3. 27-5168125
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 3/11/15
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 411 Walnut Street # 10028
Green Cove Springs FL 32043 (Street Address of Principal Office)
411 11 11 1. Char 1. 11 10000
Green Cove Springs, FL 32043 (Mailing/Address)
· · · · · · · · · · · · · · · · · · ·
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Joanna Kneller, Owner/Manager
411 Walnut Street #10028
Green Cove Springs, FL 32043
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)
Vanra Kneller
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 \$\frac{12}{2} \frac{12}{2} 12
Joanna Kneller
FES 3
Typed or printed name of signee FLORIDA SIAIE DE SIAIE D

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: Living Water LLC
If unavailable, the alternate to be used in the state of Florida is: Living Water Consulting 22C
2. The name and the Florida street address of the registered agent and office are: Harry Kneller (Name)
3620 OSEPH Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) West Palm Blach, FL 33417
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)

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

LIVING WATER LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on February 25, 2011, and was in existence or authorized to transact business in the State of Indiana on April 17, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Seventeenth Day of April, 2015.

Corre Camero

Connie Lawson, Secretary of State

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