## M15000005605

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
•	
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SECRETARY OF STATES
TALL MASSEE, FLORIDA



July 2, 2015

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern,

I have enclosed our complete application for a foreign limited liability company, certificate of existence from the State of New York and check.

Please contact me if you need additional information.

Sincerely,

Crystal Dyer

crystal@optimumwatersolutions.com

(844) 776-0588

## COVER LETTER

Registration Section
Division of Corporations

, **TO:** 

SUBJECT:	OPTIMUM WATE	R SOLUTIONS NY LLC				
SCHOLCT.		Name of I	Limited Liability (	Company		
The enclosed Existence, ar	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida  Il correspondence concerning this matter to the following:  Crystal Dyer  Name of Person  OPTIMUM WATER SOLUTIONS NY LLC  Firm/Company  P.O. Box 349  Address  Franklin, IN 46131  City/State and Zip Code  crystal@optimumwatersolutions.com  E-mail address: (to be used for future annual report notification)					
Please return	all correspondence	concerning this matter to the	following:			
	Crystal Dyer					
	<del></del>	Na	me of Person		-	
	OPTIMUM W	ATER SOLUTIONS NY LL	С			
	<del> </del>	Fi	m/Company			
	P.O. Box 349					
			Address			
	Franklin, IN 46	131				
		City/St	ate and Zip Code			
	crystal@optimur					
		E-mail address: (to be used	for future annual	report noti	fication)	
For further in	formation concerning	g this matter, please call:				
Cry	stal Dyer		844 at (	776-058	38	
	Name o	f Contact Person	Area Code	Dayt	ime Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle se, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	



RECEIVED

15 JUL 16 PM 3: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 7, 2015

CRYSTAL DYER PO BOX 349 FRANKLIN, IN 46131

SUBJECT: OPTIMUM WATER SOLUTIONS NY LLC

Ref. Number: W15000045626

We have received your document for OPTIMUM WATER SOLUTIONS NY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00014092

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

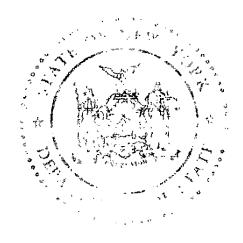
OPTIMUM WATER S	SOLUTIONS NY LLC		
	eign Limited Liability Company; must include "Lim	ited Liability Company," "L.L.C.," or "LD	C.")
name unavailable, enter a ability Company," "L.L.C,	Iternate name adopted for the purpose of transacting " or "LLC.")	business in Florida. The alternate name m	ust include "Limited
New York	3. 47-320	02740	
Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	······································
N/A	(Date Centing and Luciana in Florida 14		
180 MILLER PLACE	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.) etermine penalty liability)	
HICKSVILLE, NEW	YORK, 11801	<del></del>	
,	(Street Address of Principal Office	)	317 1
P.O. Box 349			
Franklin IN 46121			Fig
Franklin, IN 46131	(Mailing Address)		2.7
			95.
Name and street address	ss of Florida registered agent: (P.O. Box NOT	_acceptable)	gr:
Name:	Optimum Water Solutions Inc.		
Office Address:	3307 Bartlet Blvd.	<del></del>	
Office Address.	Orlando	32811	
	(City)	, Florida (Zip code)	
is application, I hereby th the provisions of all :	gistered agent and to accept service of process accept the appointment as registered agent an statutes relative to the proper and complete perition as registered agent.    March   Ma	d agree to act in this capacity. I furth rformance of my duties, and I am fan	her agree to comply
	(Registered agent's sig	nature)	
. The name, title or caps	acity and address of the person(s) who has/have	authority to manage is/are:	
arry Snyder, President		<del>-</del>	
rystal Dyer, Manager		<del></del>	
Jour Lyci, Manager			<del></del>
Attached is a certificate risdiction under the law the translator must be st		a foreign language, a translation of the	ody of records in the certificate under oa
isdiction under the law	of which it is organized. (If the certificate is in	a foreign language, a translation of the	ody of records in the certificate under oa
risdiction under the law the translator must be su	of which it is organized. (If the certificate is in a abmitted)	a foreign language, a translation of the  d person lorida Statutes. I am aware that any fals	certificate under oa

Typed or printed name of signee

## State of New York Department of State } ss:

I hereby certify, that OPTIMUM WATER SOLUTIONS OF NY LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/12/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment OPTIMUM WATER SOLUTIONS OF NY LLC, changing its name to OPTIMUM WATER SOLUTIONS NY LLC, was filed 02/24/2015.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of June two thousand and fifteen.

Coursey Scardina

Executive Deputy Secretary of State