M1400000 1172

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900281825429

02/08/16--01039--023 **130.00



J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	AllAqua LLC	
0020	Name of Limited Liability Company	
The en	enclosed "Application by Foreign Limited Liability Company for Authorization to Transact tence, and check are submitted to register the above referenced foreign limited liability com	Business in Florida," Certificate of pany to transact business in Florida.
Please	se return all correspondence concerning this matter to the following:	
	John Zevgolis	
	Name of Person	
	AquaHarvest Inc	
	Firm/Company	
	5612 Descartes Circle	
	Address	
	Boynton Beach, FL 33472	
	City/State and Zip Code	 _
	jz@aquaharvest.com	
	E-mail address: (to be used for future annual report notificat	ion)
For fur	further information concerning this matter, please call:	
	John Zevgolis 415 533-5148 at ()	
		Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CoRegistration SectionRegistration Section Section BuildingP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FlTallahassee, Fl	rporations ection og e Center Circle
Enclos		6160.00 Filing Fee, Certificate Status & Certified Copy

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:

0 19.4.9		' E(' m 1,		1 1 6	<u> </u>
f name unavailable, enter alto lability Company," "L.L.C,"	ernate name adopted for the purpose of transacting busines or "LLC.")	ss in Florida. The alternate na	ime must in	iclude '	Limited
Delaware	3. 81-1053859				
company is organized)	of which foreign limited liability	(FEI number, if applicable	e)		
Not transacted business	yet		_		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determin	e penalty liability)			
3030 N. Rocky Point D	rive, STE 150A		_		
Tampa, FL 33607					
	(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·		~ ⊃	
3422 Old Capitol Trail,	#907		<u></u>	<u> </u>	rearing of
Wilmington, DE 19808			포종	13	egennesses.
	(Mailing Address)		一泛其	57	English Alex
. Name and street address	of Florida registered agent: (P.O. Box NOT accept	table)	<u>Ω</u>	æ	E STATE OF THE STA
Name:	REGISTERED AGENTS INC.	_		PM 4:	
Office Address:	3030 N. Rocky Point Drive, STE 150A	_		:- 2	. 41
	TAMPA	, Florida 33607			
	(City)	(Zip code)			
	accept the appointment as registered agent and agre tatutes relative to the proper and complete performa- tion as registered agent. Bill Havre/		m familia	r with	and acc
•	(Registered agent's signature)		_		
s. The name, title or capac	city and address of the person(s) who has/have author	rity to manage is/are:			
he Managing Member				_	
				-	
	07, Wilmington, DE 19808				
422 Old Capitol Trail, #9	of existence, no more than 90 days old duly authentic f which it is organized. (If the certificate is in a foreign bmitted)	gn language, a translation			
422 Old Capitol Trail, #90 Attached is a certificate or risdiction under the law of the translator must be sufficient to the contract of the translator must be sufficient to the translator must be sufficient to the translator must be sufficient to the contract of the translator must be sufficient to the contract of t	of existence, no more than 90 days old duly authentice of which it is organized. (If the certificate is in a foreignmitted) Signature of an authorized perso	gn language, a translation	of the cert	ificat e	under o
422 Old Capitol Trail, #90 Attached is a certificate or isoliction under the law of the translator must be subhis document is executed	of existence, no more than 90 days old duly authentic f which it is organized. (If the certificate is in a foreign bmitted)	gn language, a translation on the state of t	of the cert. ny false in	ificate format	under o

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ALLAQUA 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 FOURTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLAQUA LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corn delaware gov/aut

Authentication: 201780144

Date: 02-04-16

5928660 8300 SR# 20160592964