

Division of Corporations

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FOREIGN LIMITED LIABILIT

AQUA VITA GROUP, L.L.C.

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FLORIDA DEPARTMENT OF STATE Katherine Herris Secretary of State

)ecember 16, 1999

LUMBERG/EXCELSIOR CORP. SERVICES

UBJECT: AQUA VITA GROUP, L.L.C.

EF: W99000028652

e received your electronically transmitted document. However, the ocument has not been filed. Please make the following corrections and efax the complete document, including the electronic filing cover sheet.

Iffective October 1, 1999, Chapter 608, Florida Statutes, does not require (r permit the filing of an "Affidavit of Membership and Capital (ontributions." Therefore, the enclosed document has not been filed and is leing returned to you.

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FAX Aud. #: H99000032022 Letter Number: 199A00059017

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1	AQUA VITA GROUP, L.L.	7			
(Name of so contain	foreign limited liability company nated in the name at present.)	ust end with the w	ords "limited company" or their abbrevi	ation "L.C." if not	ı
	York	3.	Appiled for		
(Jurisdicti company	on under the law of which foreign I is organized)	imited liability	(FEI number, if applica		
4. Sept	ember 23, 1999	5.	October 1st 202		
	(Date of Organization)		(Duration: Year limited liability com exist or "perpetual")	pany will cease In.	
61	upon filing			F0 P	
	(Date first transacted busines	s in Florida. (See s	ections 608,501, 608,502, and 817,155,	FS) TO TO	
7. 208	Route 109, Farming	dale, New	York 11735	TATE ORIG	
				<u> </u>	
		(Street address of			
					-
8. List name will man:	e, title, and business address of	of each managin	g member[MGRM] or manager[]	MGR]who	
8. List nam will man	ezo eio tototän minten nabilii	y company in F	g member[MGRM] or manager[l lorida: (attach additional page if t	MGR]who necessary)	
8. List name will man	e, title, and business address of age the foreign limited liability NAME & ADDRESS:	of each managingly company in F	g member[MGRM] or manager[l lorida: (attach additional page if t NAME & ADDRESS:	MGR]who necessary) TITLE:	
8. List nam will man	ezo eio tototän minten nabilii	y company in F	londa: (attach additional page if i	necessary)	
8. List nam will man	NAME & ADDRESS:	TITLE:	londa: (attach additional page if i	necessary)	· _
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8. List nam will man	NAME & ADDRESS: William, M. Tyree 208 Route 109	TITLE: MGRM	londa: (attach additional page if i	necessary)	-
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P POD RANGES	NAME & ADDRESS: William, M. Tyree 208 Route 109	TITLE: MGRM	londa: (attach additional page if i	necessary)	

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state 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.)

99 DEC 17 PM12: 20
SECRETARY OF STATE
SECRETARY OF STATE

Signature of a member of an authorized representative of a member.

(In strondance with section 608.408(3). Florida Statutes, the execution of this afficient of one statutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William M. Tyree

Typed or printed name of signee

H99000032022

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608,415 or 608,507, 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: Aqua Vita Group, L.L.C.	SECRE TALLAH	99 DEC	
2. The name and the Floridz street address of the registered agent and office age:	TARY O		
(Name) 1020 Barmell, Road Florida street address (P.O. Box, NOT ACCEPTABLE)	F STATE FLORIDA	PH 12: 20	
Alteronte Springs FL 32714			

Having been named as registered agent and to accept service of process for the above stated imited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this cepacity. I further agree to comply with the provisions of all states relating to the proper and complete performance of my futtes, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

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State of New York | ss: Department of State

I hereby certify, that AQUA VITA GROUP, L.L.C. a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 09/23/1999, and that the limited liability company is subsisting so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of December one thousand nine hundred and ninery-nine.

Special Deputy Secretary of State

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