L04000030375

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000083555 3)))

Note: DO NOT hit the *REFRESH/RELOAD* button on your browser from this page. Doing so will generate another cover sheet.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 20 PM 12:49 04 APR 20 AM 7:51

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

S.P.S. POOLS & SPAS LLC

Certificate of Status	0
Certified Copy	1
Page Count	~~02~~ 3
Estimated Charge	$155.00

Name Availability	
Document Examiner	
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
Y. P. Verifyer	DCC

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
S.P.S. POOLS & SPAS LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
4701 NE 8TH TERRACE	PO BOX 23295
OAKLAND PARK, FL 33334	FT LAUDERDALE, FL 33307

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

HARVEY CHAPLES
Name

4701 NE 8TH TERRACE
Florida street address (P.O. Box NOT acceptable)

OAKLAND PARK, FL 33334
City, State, and Zip

FILED
04 APR 20 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S..

x _____
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	HARVEY W. CHAPLES 4701 NE 8TH TERRACE OAKLAND PARK, FL 33334
MGRM	ANNABELLA M. CHAPLES 4701 NE 8TH TERRACE OAKLAND PARK, FL 33334

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X _____
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HARVEY W. CHAPLES
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

FILED
04 APR 20 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA