

L11000137107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

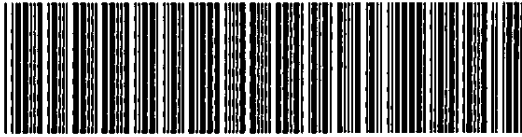
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
W1100059073

Office Use Only

EFFECTIVE DATE 01/01/2012



900214360859

11/21/11--01010--026 \*\*125.00

FILED  
11 DEC -5 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 06 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2011

JASON MAGNETICO  
1324 LAUREL GLEN DR  
BARTOW, FL 33830

SUBJECT: POOL CHEMICALS AND SUPPLIES 2 U LLC  
Ref. Number: W11000059073

FILED  
11 DEC -5 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for POOL CHEMICALS AND SUPPLIES 2 U LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 21, 2011. Please amend your document accordingly.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 411A00026390

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Pool Chemicals and Supplies 2 U LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Magnético

Name of Person

Pool Chemicals and Supplies 2 U LLC

Firm/Company

1324 Laurel Glen Dr

Address

Bartow, FL 33830

City/State and Zip Code

pcs2u@gmail.com

E-mail address: (to be used for future annual report notification)

11 DEC -5 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jason Magnético

Name of Person

at ( 863 ) 529-1626

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pool Chemicals and Supplies 2 U LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**

Jason Magnetico

1324 Laurel Glen Dr

1324 Laurel Glen Dr  
Bartow

Bartow, FL 33830

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jason Magnetico

Name

1324 Laurel Glen Dr

Florida street address (P.O. Box NOT acceptable)

Bartow,

FL 33830

City, State, and Zip

FILED  
11 DEC -5 AM 11:28  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 1/01/2012

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jason Magnetico

1324 Laurel Glen Dr

Bartow, FL 33830

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2012. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jason Magnetico

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

**FILED**  
11 DEC -5 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA