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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 23 PM 1:45

FILED

J. Shivers FEB 27 2015

February 18, 2015

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

Enclosed please find my submission for incorporating A Splash Above Pool and Spa Service, LLC.

If you have questions, please contact me at the phone number listed below.

Respectfully,

A handwritten signature in black ink, appearing to read 'Rebel Coward', with a stylized, cursive script.

Rebel Coward  
38 S Blue Angel Pkwy #240  
Pensacola, FL 32506  
(850) 375-2328

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: A Splash Above Pool and Spa Service, 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:

Rebel Coward  
Name of Person

A Splash Above Pool and Spa Service, LLC.  
Firm/Company

38 S Blue Angel Pkwy #240  
Address

Pensacola FL 32506  
City/State and Zip Code

chokorocks777@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebel Coward at ( 850 ) 375-2328  
Name of Person 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



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Rebel Coward

38 S Blue Angel Pkwy Ste 240

Pensacola, FL 32506

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203 (1) (b), 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.)

Rebel Coward

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  
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TALLAHASSEE FLORIDA