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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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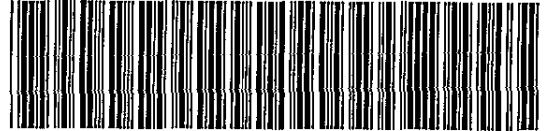
(Business Entity Name)

(Document Number)

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FILED
2003 MAR 31 AM 10:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN APR - 1 2003

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LLC

SUBJECT:

Pool Nurse, LLC

(Proposed corporate name - must include suffix)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ ~~\$70.00~~
Filing Fee

☒ ~~\$78.75~~
Filing Fee
& Certificate of Status

125.00

☒ ~~\$78.75~~
Filing Fee
& Certified Copy

☒ ~~\$87.50~~
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Sherry Warner

Name (Printed or typed)

1570 Werner drive

Address

Alva, FL 33920

City, State & Zip

239-694-3058

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
POOL NURSE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1570 WERNER DRIVE, ALVA, FL 33920

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

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

SHERRY WARNER
1570 WERNER DR.
ALVA, FL 33920

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.

Sherry Warner
SHERRY WARNER, Registered Agent

3-26-03

Article IV – Management (Check box if applicable.)

X The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Sherry Warner
Sherry Warner, Signee
1570 Werner Drive, Alva, FL 33920

(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.)

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)

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TALLAHASSEE, FLORIDA