

# L03000050691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

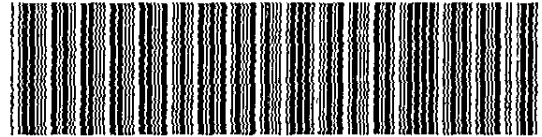
☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:



400024997194

11/26/03--01047--004 \*\*180.00

Name  
Availability

Document

Minor DCC

Major DCC

Minor DCC

Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC

Office Use Only

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 AM 11:56

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BRILLIANT POOLS AND WINDOWS 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:

MARIO ZAMARRIPA  
(Name of Person)

BRILLIANT POOLS AND WINDOWS LLC  
(Firm/Company)

6717 NW 60 STREET  
(Address)

TAMARAC, FL 33321  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO ZAMARRIPA at (954) 720-1922  
(Name of Person) (Area Code & Daytime Telephone Number)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 AM 11:56

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BRILLIANT POOLS AND WINDOWS LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

6717 NW 60 ST  
TAMARAC, FL 33321

**Mailing Address:**

6717 NW 60 ST  
TAMARAC, FL 33321

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

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

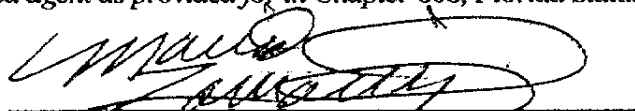
MARIO ZAMARRIPA  
Name

6717 NW 60 ST  
Florida street address (P.O. Box **NOT** acceptable)

TAMARAC, FLORIDA 33321  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 26 AM 11:56

*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, Florida Statutes.*

  
Registered Agent's Signature

**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:**

MGR

MARIO ZAMARRIPA  
6717 NW 60 ST  
TAMARAC, FL 33321

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

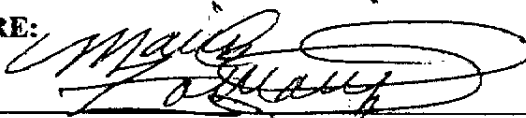
\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**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.)

MARIO ZAMARRIPA

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 26 AM 11:56