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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Jim's Custon Pool Work (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:		
James Clougher		
(Name of Person)		
Jim's Custon Pool Work (Pirm/Company)		
4272 Gondolier Pd (Address)		
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For further information concerning this matter, please call:		TITUE!
James Clougher at 727 207-2251 (Area Code & Daytime Telephone Number)	PH 5: 00	

#### 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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 12, 2003

JAMES CLOUGHER JIM'S CUSTOM POOL WORK 4272 GONDOLIER RD SPRING HILL, FL 34609

SUBJECT: JIM'S CUSTOM POOL WORK

Ref. Number: W03000037714

We have received your document for JIM'S CUSTOM POOL WORK and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words simited company", "limited liability company" or their abbreviation "Ltd. Co." "LC." of "L.L.C."

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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 503A00066843

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Jim's Custom Pool Work, L.	L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability C	ompany is:
Principal Office Address: Mailing Address:	
4272 Gondolier Pd same	
Spring Hill FL	
34609	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signal.  The name and the Florida street address of the registered agent are:	
Spring Hill FLORIDA 34609 City State, and Zin	

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

Page 1 of 2 (CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mar.	James Clougher  4272 Gondolier Fld  Spring Hill, FL 34609
(Use attachment if necessary)	03 DEC 24
NOTE: An additional article must be a	
Signature of member or an ad	In thorized representative of a member.
(In accordance with section 608.4 of this document constitutes an af that the facts stated herein are true	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)
TA mes C Typed or prin	Cloughen uted name of signee

\$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)