

L04000000/069

(Requestor's Name)



Joseph E. Houle  
23 Stacy Dr.  
North Andover, MA 01845

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

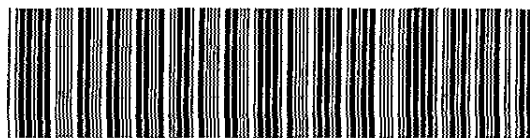
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
01/01/04

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2003 DEC 26 PM 4:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN A 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ADVANTAGE POOLS 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:

JOSEPH E. HOULE  
(Name of Person)

COMPUTERIZED ACCOUNTING SERVICES  
(Firm/Company)

23 STACY DRIVE  
(Address)

NORTH ANDOVER, MA 01845  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH E. HOULE at ( 978 ) 9687-1044  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

**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**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Advantage Pools LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

Route 18 Box 18800

Lake City, Fl. 32025

**Mailing Address:**

Route 18 Box 18800

Lake City, Fl. 32025

**EFFECTIVE DATE**

01/01/04

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

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

Raymond L Lussier

Name

313 Northwest Cracknel Way

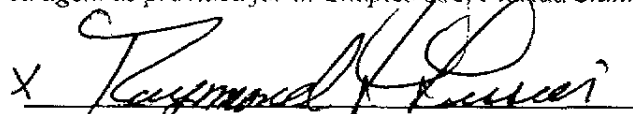
Florida street address (P.O. Box **NOT** acceptable)

Lake City

FLORIDA 32055

City, State, and Zip

*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..*

X   
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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

Raymond L Lussier

313 Northwest Cracknel Way

Lake City, Fla 32055

MGRM

Michael A. Lussier

395 Northwest Cracknel Way

Lake City, Fla 32055

MGRM

James J. Allen

186 North West Buttermilk Glen

Lake City Fla 32055

(Use attachment if necessary)

**ARTICLE V - EFFECTIVE DATE:**

The effective date of this LLC shall be January 1, 2004

**REQUIRED SIGNATURE:**

X   
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.)

Raymond L. Lussier

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)