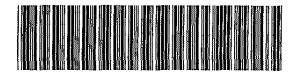
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(Re	equestor's Name)	
(Ac	dress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
<u></u>	-	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	<u> </u>	
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only

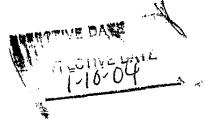


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SECRETARY OF STATE SECRETARY OF STATE

64-2018



TRANSMITTAL LETTER

CO: Registration Section Division of Corporations			
SUBJECT: Southeast Pool L.L.C. (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:			
Noel Grow (Name of Person)			
Southeast Pool Sar. (Firm/Company)			
5530 W.O. Griffin Rd (Address)			
Plant City Fl 33567 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Moel 6 + 0 w at (8/3) 6 50 - 9069 (Name of Person) (Area Code & Daytime Telephone Number)			
(フ27) 647-3900倍 全			

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

IAN -- 2 PM 2:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
	Pool L.L.C.
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5530 W.O. Grippin Rd	5530 W.O. Griffin Rd
Plant City Fl	Plant City Fl
33567	33567
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regis World Grant Name	SECONETARY OF STATE FLORIDA 33567 STECOMOR STATE FLORIDA 33567

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)

FFECTIVE DATE ?

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
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grand and the second se		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	న≅	
\sim		JA
Signature of a member or an au	athorized representative of a member.	
•	- PAX	1

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)

(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.)

ARTICLE IIV

Effective date shall be:

January 10th 2004

04 JAN -2 PM 2: 2: