

L04 000005486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

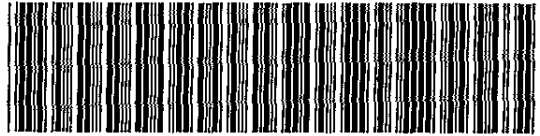
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 15 PM 8:31

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L04-5486  
OK

January 13, 2004

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

To Whom It May Concern:

Please find enclosed an original and copy of Articles of Organization for Florida Limited Liability Company and a check for the filing fees.

My name is John D. Smith and my mailing address is P.O. Box 1671, Jupiter, FL 33468 and my phone number is (772) 223-1091. If there is anything further that is needed to process the enclosed please contact Mrs. Willis-Smith at (561) 744-5794 or at P.O. Box 1671 Jupiter, FL 33468. Mrs. Willis-Smith has been handling all paperwork pertaining to my business.

Sincerely,

John D. Smith

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JOHN SMITH POOL SERVICE, L.L.C.**ARTICLE II - Address:**

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

**Principal Office Address:**

John Smith  
3065 SW FERDE AVE.  
Palm City, FL 34990

**Mailing Address:**

John Smith  
P.O. Box 1671  
Jupiter, FL 33468

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

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

John Smith  
Name  
3065 SW FERDE AVE.  
Florida street address (P.O. Box NOT acceptable)  
Palm City FLORIDA 34990  
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 [Signature]  
Registered Agent's Signature

SECRETARY OF  
STATE  
TALLAHASSEE

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**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:**MGRJOHN D. SMITH  
3065 S.W. FERDE AVE.  
PAUL CITY, FL 34990

(Use attachment if necessary)

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

JOHN D. SMITH  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JAN 15 AM 8:31

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