

L04000005605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

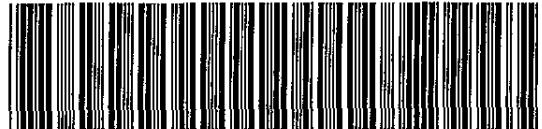
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300026963563

01/15/04--01045--003 **130.00

FILED
04 JAN 15 AM 10:25
SEC. CLERK OF DIST. CLERK
TALLAHASSEE, FLORIDA

January 13, 2004

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

04 JAN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 Michael Williams and my mailing address is P.O. Box 492, Jupiter, FL 33468 and my cell phone number is (561) 262-8655. 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,

Michael Williams

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

MICHAEL Williams Pool SERVICE, LLC.**ARTICLE II - Address:**

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

Principal Office Address:P.O. Box 492
JUPITER, FL 33468**Mailing Address:**P.O. Box 492
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:

MICHAEL Williams
Name
15925 91ST TERRACE N.
Florida street address (P.O. Box NOT acceptable)
Jupiter FLORIDA 33478
City, State, and Zip

04 JAN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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:MGRMichael Williams
P.O. Box 492
Jupiter, FL 33468

(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.)

MICHAEL Williams

Typed or printed name of signer**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
04 JAN 15 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA