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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Spencer's Pool Maintenance LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

H04000016555

ARTICLE I - Name

The name of the Limited Liability Company is: **Spencer's Pool Maintenance LLC**

ARTICLE II - Address

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

Principal Office Address:

6157 NW Duke Circle

Port St. Lucie, FL 34983

Mailing Address:

6157 NW Duke Circle

Port St. Lucie, FL 34983

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

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

Steven P. Spencer

Name

6157 NW Duke Circle

(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Lucie, FL 34983

(City / State / 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, F.S.

X



Registered Agent's Signature - Steven P. Spencer

APPROVED
AND
FILED
04 JAN 23 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Steven P. Spencer - 6157 NW Duke Circle, Port St. Lucie, FL 34983

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Steven P. Spencer

Typed or printed name of signee

APPROVED
AND
FILED
04 JAN 23 AM 9:13
SECRETARY
TALLAHASSEE