

FEB-10-2004 17:50

P.01

L041000011109

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000029539 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

RECEIVED
04 FEB 10 11:11:10
SECRETARY OF STATE
FILING

LIMITED LIABILITY COMPANY

Blue Heron Pool, LLC

RECEIVED
04 FEB 10 PM 4:23
DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Handwritten: 04-11-04

**ARTICLES OF ORGANIZATION
OF
Blue Heron Pool, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Blue Heron Pool, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 25 Mentor Drive, Naples, Florida 34110.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: George Goges, 25 Mentor Drive, Naples, Florida 34110. Located in the County of Collier.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

George Goges, 25 Mentor Drive, Naples, Florida 34110

APPROVED AND FILED
04 FEB 10 4:11:10
SUCCESSION OF GEORGE GOGES
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Blue Heron Pool, LLC**

The name and address of the registered agent and office is: **George Goges, 25 Mentor Drive, Naples, Florida 34110. Located in the County of Collier.**

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: George Goges
George Goges

Date: February 3, 2004

04 FEB 10 AM 11:10
SECTION 608.415
FILING
FILED