10400036377

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900035396179

05/05/04--01041--019 **125.00



JERYAN MAY 1 3 2004

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: POCKS BY DESIGN PARTNERS, LLC (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:
ALEXANDER L COVER (Name of Person)
(Firm/Company)
504 EVENTIDE DR EST
GULF BREEZE, FL 32561
(City/State and Zip Code)
For further information concerning this matter, please call:
ALEX COVER at (E77) 274-4683 (Name of Person) (Area Code & Daytime Telephone Number) -

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Pools By Design P.	ARTNERS, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
504 EVENTIDE DR	7			
GULF BREEZE, FL 32561	5 7			
·	SER SERVICE SE			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
ALEXANDER L COVER				
504 EVEN TIPE DR Florida street address (P.O. Box NOT acceptable)				
GULF BREEZE FLORIDA 32561 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	ALEXANDER L COVER 504 EVENTIDE DR	
	GULF BREEZE, FL 32561	•
MGRM	BARRY COOK 314 S BAYLEN ST	• -
	PENSACOLA, FL 32501	
		-
		-
		-
(Use attachment if necessary)		•
NOTE: An additional article mu	st be added if an effective date is requested.	2004 Y
REQUIRED SIGNATURE:		五二
(Ve)	TSS.	FILE C
Signature of a member of	r an authorized representative of a member.	るると
	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.)	PH 3: 09 PH 3: 09
ALEXANDER	21 OVER	v
Typed	OVER 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)