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.

(((H040001636063)))

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 : HUBCO

Account Number: 104662003400 Phone: (516)935-3940

Fax Number : (516) 935-3088

04 AUG 10 AM 8: 34

LIMITED LIABILITY COMPANY

Reliable Pool Services and More, LLC

Certificate of Status	1
Ccrtified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Manu

Corporate Filing.

Public Access Help.

H04000163606

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Limite

ARTICLE II - Address

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

1220 Ashlyn Drive	Mailing Address: 1220 Ashiyn Drive
West Melbourne, FL 32904	West Melbourne, FL 32904

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Name 2022 Siroco Lane (P.O. Box or Mail Drop Box NOT Acceptable) Melbourne, FL 32934

(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.

Registered Agent's Signature - Gary Shelton

H04000163606

ARTICLE IV - Manager(The name and address of each	s) or Managing Member(s): Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mombe	Name and Address:
MGRM	Gary Shelton- 2022 Siroco Lane, Melbourne, FL 32934
(Use attachment if necessary)	
REQUIRED SIGNATURE	Hary Steller ture of a member or authorized representative of a member.
(In acc docume	ordance with section 608.408(3), Florida Statutes, the execution of this ent constitutes an affirmation under the penalties of perjury that the facts terein are true.)
	Gary Shelton
	Typed or printed name of signee