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.

(((H04000183893 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

Prom:

Account Name

: HUBCO

Account Number : 104662003400

Phone

: (516)935-3940

Fax Number

: (516)935-3088

LIMITED LIABILITY COMPANY

EZ Swim LLC

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

Electronic Filling Manus

Corporate Fling

Rublic Access Help

H04000183893

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name

The name of the Limited Liability Company is: EZ Swim LLC

2004 SEP 13 A 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Lightlity Common view

Principal Office Address:	Mailing Address:
1920 Flower Drive	1920 Flower Drive
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410
ARTICLE III - Registered Agen	nt, Registered Office & Registered Agent's Signature
ARTICLE III - Registered Agen The name and Florida street address of the	
4	
4	ne registered agent are:
4	ne registered agent are: Gary Merrill
4	ne registered agent are: Gary Merrill Name
Ţ <u></u>	ne registered agent are: Gary Merrill Name 1920 Flower Drive

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 Merrill

H04000183893

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

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

FILED

, "			
Title:	Name and Address:	2004 SEP 13 A 10: 30	
"MGR" = Manager		13 A W 30	
"MGRM" = Managing Member		_SECRETARY OF STATE	
MGRM	SECRETARY OF STATE TALLAHASSEE FLORIDA Gary Merrill- PO Box 211897, Royal Palm Beach, FL 33421		
	<u> </u>		
(Use attachment if necessary)			
REQUIRED SIGNATURE:			

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.)

Gary Merrill

Typed or printed name of signee