

Dec 6 2004 10:45AM

No. 4981 Pa. 1 of 1

L-040000087996

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

From:  
Account Name : KOCH & COMPANY, CPAS, P.A.  
Account Number : I19990000002  
Phone : (941)637-0544  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**A & M PROFESSIONAL POOL RENOVATIONS, LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF**

**A & M PROFESSIONAL POOL RENOVATIONS, LLC**

**ARTICLE 1 - NAME**

The name of the Limited Liability Company is **A & M PROFESSIONAL POOL RENOVATIONS, LLC**, (hereinafter, "Limited Liability Company").

**ARTICLE 2 - ADDRESS**

The street address of the principal office of this Limited Liability Company shall be:  
**3121 Homewood Avenue, North Port, FL 34286**

**ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:  
**Matthew R. Kuntz, 3121 Homewood Avenue, North Port, FL 34286**

**ARTICLE 4 - MEMBERS**

The initial members of this Limited Liability Company are:  
**Matthew R. Kuntz, 3121 Homewood Avenue, North Port, FL 34286**

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

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.

By: Matthew R. Kuntz  
Matthew R. Kuntz, Registered Agent

By: Matthew R. Kuntz  
Matthew R. Kuntz, Organizing Member

State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Notary Signature \_\_\_\_\_

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