# L05000009740

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Hadicəs)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	(Casimoo <b>Lina</b> ), (1811)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
i de la companya de	

Office Use Only



400043639214

01/21/05--01028--019 \*\*155.00

2005 JAN 21 P 1: 12

W/31

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Lin	nited Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Daviel M. Paula (Name of Person)	K Jr.
(Firm/Company)	<u></u>
20702 S.W. 800 (Address)	<del>1</del> .
Miami, Fl. 33 (City/State and Zip Code)	189
For further information concerning this matter, please	e call:
DANIEL PAW JAK JA. (Name of Person)	at (305) 278-9997 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Signature Signa
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

D.S. Pools L.L.C.

#### ARTICLE II - Address:

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

**Principal Office Address:** 

20702 S.W. 80Ct.

**Mailing Address:** 

20702 S.W. 800, Migml, Fl. 33189

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

DAVIEL M. PAWLOK JR

Florida street address (P.O. Box NOT acceptable

Minmi, F1, FL, 33189
City, State, and Zip

2005 JAN 21 P 1: 13
SECRETARY OF STATE

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

(CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

REQUIRED SIGNATURE:

Title: "MGR" = Manager "MGRM" = Nanager	Name and Address:
"MGRM" = Managing Member  Curver  MANAGER  Operator	DANEL M. PRWIAK JE 20702 S.W. 809, MASMI, Fl. 33189
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.

Signature of a member or an 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.)

Typed 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)