

LOS000014461

(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:

Office Use Only



800045419448

02/08/05--01007--020 **160.00

FILED

2005 FEB -7 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LOS-14461
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Pool Refinishing, LLC
(Name of Limited Liability Company)

A single member 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:

Michael L. Folta
(Name of Person)

Southern Pool Refinishing, LLC
(Firm/Company)

27 Lilac Drive
(Address)

DeBary/Florida 32713
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. Folta at (386)-668-8669
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &
Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
PO Box 66327
Tallahassee, Florida 32314

2005 FEB -7 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTHERN POOL REFINISHING, 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:

27 Lilac Drive
DeBary, Florida 32713

27 Lilac Drive
DeBary, Florida 32713

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

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

Michael L. Folta

Name

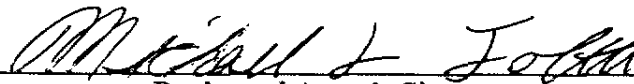
27 Lilac Drive

Florida street address (P.O. Box NOT acceptable)

DeBary, Florida 32713

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, F.S..



Registered Agent's Signature

(CONTINUED)

005 FEB -7 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

Title :

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael L. Folta
27 Lilac Drive
DeBary, Florida 32713

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Michael L. Folta
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)