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## TRANSMITTAL LETTER

	tration Section ion of Corporations		
SUBJECT:	U-Pool-It		
_	(Name of Limited	d Liability Company)	
The enclosed A	Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return a	ill correspondence concerning this matte	r to the following:	
_	Dennis Loy	Vame of Person)	
	,,	dance of a cooling	
	(1	Firm/Company)	
	6660 Times	s Square Ave, Sui	te 105
		(Address)	
	Orlando,	FL 32835	••
	(City/	State and Zip Code)	<del></del>
For further info	formation concerning this matter, please	call:	
Deni	nis Loy	at (407) 313-91 (Area Code & Daytime Te	92
	(Name of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a	check for the following amount:		
<b>፴</b> \$125.00 Fil	ling Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING A' Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 15, 2005

DENNIS LOY 6660 TIMES SQUARE AVE., SUITE 105 ORLANDO, FL 32835

SUBJECT: U-POOL-IT

Ref. Number: W05000007951

We have received your document for U-POOL-IT and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 005A00010616

Michelle Hodges Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_		
U-Pool-It, L.L.C.		
ARTICLE II - Addres The mailing address and	~ *	al office of the Limited Liability Company is
Principal Office Addre	ess: <u>M</u> :	niling Address:
6660 Times Squa	are Ave, Ste. 105	P.O. Box 2546
Orlando, FL 32	2835	Goldenrod, FL 32733
	-	ce, & Registered Agent's Signature:
	da street address of the regist  Dennis Loy	
	da street address of the regist	
	la street address of the regist Dennis Loy Name	
	da street address of the regist  Dennis Loy  Name  6660 Times Squa  Florida street address ( Orlando  FL	ered agent are:  ere Ave, Suite 105 P.O. Box NOT acceptable) 32835
	Dennis Loy  Name 6660 Times Squa  Florida street address ( Orlando	ered agent are:  ere Ave, Suite 105 P.O. Box NOT acceptable) 32835

(CONTINUED)

Registered Agent's Signature

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Dennis Loy 6660 Times Square Ave, Ste. 105 Orlando, FL 32835
MGRM	Jason Spencer
	6660 Times Square Ave. Ste. 105 Orlando, FL 32835
(Use attachment if necessary)	
NOTE: An additional article must b	oe 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.)

Dennis Loy 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)