1050000 20924

(Re	equestor's Name)	
(Ac	idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		30
	Office Use Only	, YWW



600047016726

82/28/05--01059--023 **125.00

005 FEB 28 PT 12: 00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DAVE'S POUL CLEANING LLC (Name of 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:	
DAVID A. CHUBB (Name of Person)	
DAVE'S POOL CLEANING LLC (Firm/Company)	
(Firm/Company)	
P.O. Box 35, (Address)	***
P.O. Box 35, (Address) SAFETY HARBUR FL 34695-0035 (City/State and Zip Code)	T22
For further information concerning this matter, please call:	
(Name of Person) at (727) 421 - 7905 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Status Stat	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
DAVE'S POOL CLEANING 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:
SAFETY HARBOR, FL. 74695 SAFETY HARBUR, FL. 34695-0035
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: DAVIQ A. CHUBB Name SST 28
DAVIO A. CHUBB Name
Name San N
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable) SAFETY HARBOR, FL 34695 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
OwOm
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Manage. The name and address of each Manage.	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DAVID A. CHUBB 1225 7TH ST. SOUTH SAFETY HARBUR, FL. 34695
MGRM	SARAH A. PENTZ 1225 774 ST. SOUTH SAFETY WARROW, FL. 34695
(Use attachment if necessary)	2005 NLC/ NLC/
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
\mathcal{Q}_{u}	aan a s
Signature of a member	or an authorized representative of a member.
	ion 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury rein are true.)
DAVID	A. CHUBB ed or printed name of signee
Тур	ed 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)