

L050000033093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

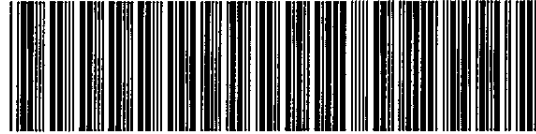
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000049774430

04/05/05--01006--001 **125.00

RECEIVED
TALLAHASSEE, FL 32301

05 APR -6 AM 8:19

FBI

RECEIVED
TALLAHASSEE, FL 32301

T. Brumbley APR 6 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POOLMASTERS 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:

LARRY ST. JOHN JR.
(Name of Person)

POOLMASTERS
(Firm/Company)

225 SAM MARKS RD.
(Address)

CRAWFORDVILLE FL 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

ROMAN JONES at (850) 556-3384 or 556-2949
(Name of Person) (Area Code & Daytime Telephone Number)

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

FILED
05 APR -6 AM 8:19
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

POOLMASTERS LLC

ARTICLE II - Address:

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

Principal Office Address:

225 SAM MARKS RD.
CRAWFORDVILLE FL 32327

Mailing Address:

SAME

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

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

LAWRENCE ST. JOHN JR

Name

89 SAM MARKS RD

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

CRAWFORDVILLE FL 32327

City, State, and Zip

FILED
05 APR -6 AM 8:19
TALLAHASSEE, FLORIDA

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..

Lawrence St. John Jr.

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

LARRY ST. JOHN JR
89 SAM MARKS RD
CRAWFORDVILLE FL 32327

MGRM

ROMAN JONES
225 SAM MARKS RD
CRAWFORDVILLE FL 32327

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Larry St. John Jr.
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.)

LARRY ST. JOHN JR.
Typed or printed name of signer

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)

FILED
05 APR - 6 AM 8:19
TALLAHASSEE, FLORIDA