

105000059914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

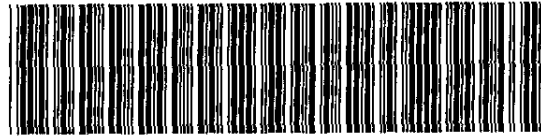
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/06/05--01002--010 **130.00

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05 JUN 16 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

189,707,671

[Handwritten signature]

105-27925
CF-#125.00
Cert #5.00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 6, 2005

GRANT W. CRUIKSHANK
PO BOX 608501
ORLANDO, FL 32806

SUBJECT: GREAT AMERICAN IDOLS LLC
Ref. Number: W05000027925

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for GREAT AMERICAN IDOLS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Operating Agreement aren't filed with the Dept of State.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 505A00039696

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREAT AMERICAN POOLS 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:

GRANT W. CRUIKSHANK
(Name of Person)

GREAT AMERICAN POOLS LLC
(Firm/Company)

P.O. Box 608501
(Address)

ORLANDO FL 32806
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

GRANT W. CRUIKSHANK at 407 644 6117
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Paid

- | | | | |
|--|--|---|---|
| ☐ \$125.00 Filing Fee | ☒ \$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 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:

GREAT AMERICAN POOLS LLC

ARTICLE II - Address:

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

Principal Office Address:

5206 PALACE CT
ORLANDO FL 32810

Mailing Address:

P.O. Box 608501
ORLANDO 32806

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

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

GRANT W. CRUKSHANK
Name

5206 PALACE CT.

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

ORLANDO FL 32810

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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:

MGR

GRANT W. CRUIKSHANK
1208 PALACE CT
ORLANDO FL 32810

MGRM

SCOTT W. CRUIKSHANK
940 N. ATMORE CIR.
DELTONA FL 32725

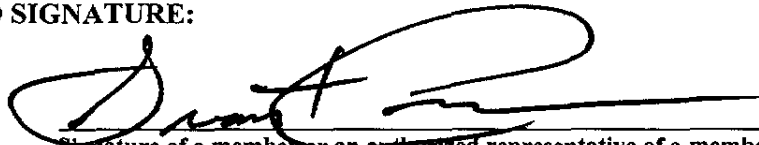
MGRM

JEFFREY G. CRUIKSHANK
1208 PALACE CT
ORLANDO FL 32810

(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.)

GRANT W. CRUIKSHANK

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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