

L05000102976

Paul A. Krasker  
(Requestor's Name)

Moyle Flanigan, Et Al  
(Address)

625 N. Flagler Dr. Suite 900  
(Address)

W. Palm Beach, FL 33401  
(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
SHORELINE POOLS AND SPA SOUTH, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company is SHORELINE POOLS AND SPA SOUTH, LLC ("Company").

**ARTICLE II**

The mailing address and street address of the principal place of business of the Company is 11210 Orange Hibiscus Lane, Palm Beach Gardens, FL 33418. The Company may at its discretion, at any time, change the address of its principal place of business.

**ARTICLE III**

The name and street address of the initial registered agent of this Company is Paul A. Krasker, Esquire, 625 N. Flagler Drive, 9<sup>th</sup> Floor, West Palm Beach, FL 33401.

**ARTICLE IV**

The management of this Company shall be vested in a manager. The name and mailing address of the manager ("Manager") is as follows: Mark Lionetti, whose address is 11210 Orange Hibiscus Lane, Palm Beach Gardens, FL 33418.

**ARTICLE V**

The business of this Company shall not be dissolved on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.

**ARTICLE VI**

The power to adapt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Manager.

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ARTICLE VII

Except as otherwise provided by law, no debt shall be contracted nor liability incurred by or on behalf of this Company except by the Manager.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 14 day of October, 2005.

R

Paul A. Krasker, an Authorized Representative

STATE OF FLORIDA )  
COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 14 day of October, 2005, by Paul A. Krasker, as the authorized representative of the members, who is personally known to me, **OR** has produced \_\_\_\_\_ as identification.



(NOTARY STAMP)

Tracy Longo  
Notary

Name: Tracy Longo

Notary Public

Serial (Commission) Number

(If any) \_\_\_\_\_

*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 of registered agent for SHORELINE POOLS AND SPA SOUTH, LLC as provided for in Chapter 608, F.S.*

R

Paul A. Krasker, Registered Agent

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