

L05000107799

(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:

[Signature]
11/7/05

~~1005-48933~~

Office Use Only



800060671208

EFFECTIVE DATE

11/05/05

APPROVED
AND
FILED

05 NOV - 7 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 27, 2005

DAVID WATSON
618 PLUM LANE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: WATSON'S POOL SERVICE, LLC
Ref. Number: W05000048933

We have received your document for WATSON'S POOL SERVICE, 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):

I tried contacting you by phone on 2 occasions at the number you provided in your cover sheet so that I could correct this by phone. It appears to be a wrong number, however I left a message and never received a return call. Please verify the phone number on the cover sheet and if necessary, correct it.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 20, 2005. Please amend your document accordingly.

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) 245-6853.

Leslie Sellers
Document Specialist

Letter Number: 705A00065117

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATSON'S POOL SERVICE, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

DAVID WATSON
618 PLUM LANE
ALTAMONTE SPRINGS, FL 32701

For Further information concerning this matter, please call: DAVID WATSON
at 407-830-5863.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION
OF

WATSON'S POOL SERVICE, LLC

EFFECTIVE DATE
11/05/05

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: WATSON'S POOL SERVICE, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 618 Plum Lane, Altamonte Springs, FL 32701.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

DAVID WATSON

618 Plum Lane
Altamonte Springs FL 32701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 7 PM 2:50

AND
FILED

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.

David Watson
DAVID WATSON

ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	DAVID WATSON 618 Plum Lane Altamonte Springs, Fl 32701

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be November 5, 2005.

David Watson
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.)

DAVID WATSON
Printed name of signee

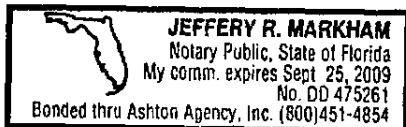
IN WITNESS WHEREOF, We have hereunto set our hands and seals,
acknowledged and filed the foregoing Limited Liability Company under the
laws of the State of Florida this 1 day of November,
2005.

David Watson
DAVID WATSON

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 1 day
of November, 2005, by DAVID WATSON, who is personally known to
me or who has produced driver's license as identification and who did
take an oath.

FL DL# W325-160-62-086-0



Jeffery R. Markham
Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of
Process for the above-stated company at the place designated herein, 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.

David Watson
DAVID WATSON

DATE: November 1, 2005

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:50

FILED