

LO6000042928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

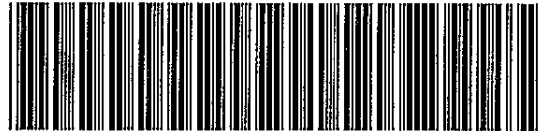
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/21/06--01029--020 **160.00

EFFECTIVE DATE

4-20-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A+ Pool & Spa Services, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy Dance
A+ Pool & Spa Services, LLC
8206 SW 12th Street
North Lauderdale, FL 33068

For further information concerning this matter, please call:

Tracy Dance at (754) 368-4135

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

* Enclosed is a prepaid UPS Return
Envelope *

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A+ Pool & Spa Services, LLC

ARTICLE II - Address:

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

Principal Office Address:

8206 SW 12th Street
North Lauderdale, FL 33068

Mailing Address:

8206 SW 12th Street
North Lauderdale, FL 33068

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

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

Tracy Dance
8206 SW 12th Street
North Lauderdale, FL 33068

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..

Tracy Dance - 4/20/06
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

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

Tracy Dance

8206 SW 12th Street

North Lauderdale, FL 33068

ARTICLE V: Effective date, if other than the date of filing: April 20th 2006 .

REQUIRED SIGNATURE:

Tracy Dance - 4/20/06
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.)

Tracy Dance

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)