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PICK-UP WAIT MAIL
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SECRETARY OF STATE



## **COVER LETTER**

PO: Registration Section Division of Corporations
SUBJECT: WENDELLS POOLS ERVICE 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:
Justin M. Wendell (Name of Person)
WENDELL'S POOL SERVICE LLC (Firm/Company)
1400 Bern Creek Loop (Address)
(Aduress)
Scra Sota, F1. 34240 (City/State and Zip Code)
(City/State and Alp Code)
For further information concerning this matter, please call:
JUSTIN WENCE! at (941, 232-248) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is:	
Wevdells Pool Service (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1400 Bern Creek Loop	1400 Bern Crek Loop Sarasota, Fl. 34240
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Justin Werd	<u> eu</u>
Name	
1400 Bern Cn Florida street addr Scraso ta	rek roop
Scraso ta	ess (P.O. Box <u>NOT</u> acceptable)
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S
Justi Turn	hell .
Registered Agent's Signatur	(REQUIRED)
	AHE T
(CONTINU	ED)
Page 1 of 2	HO HO

_	anaging Member	Name and Address:	
President	Lowres/MGR	JUSTIN Wendell THOO BEING PECK LOO SCROSOFA, FI. 34240	P
	<del></del>		
	- The transfer of the transfer		
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Use attachmen	t if necessary)		·····
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E V: Effective lective date is li days after the d	e date, if other than the date sted, the date must be spe late of filing.)	of filing: (OF cific and cannot be more than five busing	PTION ness d
E V: Effective lective date is li days after the d	e date, if other than the date sted, the date must be spe late of filing.)	of filing: (OF scific and cannot be more than five busing	PTION ness d
E V: Effective lective date is li days after the d	e date, if other than the date sted, the date must be spelate of filing.)  IGNATURE:	of filing: (OF cific and cannot be more than five busing the state of a member.	PTION ness d
(Use attachment LE V: Effective fective date is lidays after the decrease of t	e date, if other than the date sted, the date must be speciate of filing.)  IGNATURE:  Signature of a member or a (In accordance with section of the steel of the section o	an authorized representative of a member.  508.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	PTION ness d

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)

ARTICLE IV- Manager(s) or Managing Member(s):