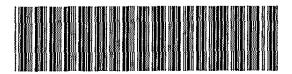
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(Requestor's Name)		
	dress)	
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(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to Filing Officer:		

Office Use Only



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SEASON TRACTOR IN STREET



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: A. C. H. POOC & SPA L.L.C. (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:		
CORI A BALKTY (Name of Person)		
(Firm/Company)		
4210 BANYAN TRAILS DRIVE		
4210 BANYAN TRAILS DRIVE (Address) COCONUT CREEK FL 33073 (City/State and Zip Code)		
(City/State and Zip Code)		
- a s s a s s s s s s s s s s s s s s s		
For further information concerning this matter, please call: Col. A BALICTS at (954) 420 0254 5 (Name of Person) (Area Code & Daytime Telephone Number)	4) 193 195	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c		
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.C.H POOL & SPAL.	L.C
(Must end with the words "Limited Liability Company, "Limited Co	ompany" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	failing Address:
4210 BANYAN TRA: CS DR. COCONUT CLECK FL 33073	4210 BANYAN TRAILS DRIVE COCONUT CLEEK FL 330.
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	Agent. You must designate an individual or another
The name and the Florida street address of the regis	•
COR: Ann B	
Y2 10 ISAN VA) Florida street address	1 TRAILS DRIVE 20 20 20 20 20 20 20 20 20 20 20 20 20
Coconst Clee(CF) City, State, and 2	
Having been named as registered agent and to accelliability company at the place designated in this registered agent and agree to act in this capacity. I statutes relating to the proper and complete performancept the obligations of my position as registered.	certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ .(OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days, prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized epresentative 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.)

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)

name of signee