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400091778544

Effective Date 30107

03/08/07--01030--031 **155.00

SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corp	porations		
SUBJECT: America	an Pool Service of	Orlando, LLC	
SCHOLCI.		I Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	abmitted for filing.	
Please return all correspo	ndence concerning this matte	r to the following:	
Catherine	Conneely		
Camerine		Name of Person)	•••
Ferrante &	Associates		
	(Firm/Company)	- 2
126 Prosp	ect Street		
		(Address)	* 4.4
Cambridg	e, MA 02139		
<u></u>		(State and Zip Code)	A ≜ %1,e
Park Carlo Compaction		1t.	
For further information c	oncerning this matter, please	Can.	
Catherine Conn	eely	at (617) 868-5000 x. 222 (Area Code & Daytime Telephone Number)	
(Name o	of Person)	(Area Code & Daytime Telephone Number)	_
Enclosed is a check for	the following amount:	<u></u>	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	✓ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)	tus &
	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

	ONDA LEVELLED ENABILITY CONTAIN
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	dollar
	Effective Date 00107
American Pool Service of Orlando, LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
	qui ornoo or mo omittou biatines company is.
Principal Office Address:	Mailing Address:
11408 Cronridge Drive, Suite G	11408 Cronridge Drive, Suite G
Owings Mills, MD 21117	Owings Mills, MD 21117
	-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	aistered agent are
Corporation Service Comp	any
Name	
1201 Hays Street	
Florida street addr	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, State, ar	ıd Zip
Having heen named as registered agent and to a	ccept 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
accept the obligations of my positjon as regist	ered agent as provided for in Chapter 608, F.S
1 7	
Hawy B	W/
Registered Agent's Signatu	re (REQUIRED)
r	Harry B. Davis
	Harry B. Davis Asst. Vice President Asst. Vice President
(CONTINU	(A) D
Page 1 of 2	HE & [

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

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

MGR	Richard C. Naden
	11408 Cronridge Drive, Suite G
	Owings Mills, MD 21117

· · · · · · · · · · · · · · · · · · ·	
Use attachment if necessary)	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Mitchell Friedlander, President of Sole Member 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 5.00 Certificate of Status (Optional)

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