## L0700089754

Toannis Bardis (Requestor's Name)				
7960 Preserve Circle (Address)				
Apt 624 (Address)				
Naplus Fl 34119 (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRLIARIE FLORIDA
TALLAHASSEE, FLORIDA

Loannis Barellis use only

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	ECT: Pacific Pool Service, LL	C				
SUBJ		ted Liability Company)				
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.				
Please	return all correspondence concerning this ma	tter to the following:				
	Ioannis Bardis					
		(Name of Person)				
	Pacific Pool Service, LLC					
		(Firm/Company)				
	7960 Preserve Circle-Unit 624					
	(Address)					
	Naples, Fl. 34119					
	(Ci	ty/State and Zip Code)				
For fu	rther information concerning this matter, pleas	se call:				
loar	nnis Bardis	_at (_239) 877-0575				
<del></del>	(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclo	sed is a check for the following amount:					
<b>□</b> \$125	.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is 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				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

C1 C4 - T 1 - 4 - 1 T 1 - 1 114 - C 1 - 1			
The name of the Limited Liability Company is:			
Pacific Pool Service, LLC			
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	ncipal office of the Limited Liability Com	ipany	is:
District Office Address.	Mailing Address.		
Principal Office Address:	Mailing Address:		
960 Preserve Circle - Unit 624	7960 Preserve Circle - Unit 624		
Naples, Fl. 34119	Naples, Fl. 34119		
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)			
		_	
The name and the Florida street address of the re	egistered agent are:	O7 AU	
The name and the Florida street address of the re  loannis Bardis	egistered agent are:	07 AUG 2	FI
	egistered agent are:  ALLAHASSI	07 AUG 29	FILE
Ioannis Bardis Name 7960 Preserve Circle	egistered agent are:  ALLAHASSEE UNIT OF THE PROPERTY OF THE P	07 AUG 29 AH 8:	FILED
Ioannis Bardis Name  7960 Preserve Circle Florida street addi	egistered agent are:  ALLAHASSEE HANGE STATE  P-Unit 624  ress (P.O. Box NOT acceptable)	07 AUG 29 AH 8: 56	FILED
Ioannis Bardis Name 7960 Preserve Circle	ress (P.O. Box NOT acceptable)  FL  FL	07 AUG 29 AH 8: 56	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..

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:						
Ioannis Bardis - MBLM	7960 Preserve Circle - Unit 624						
11/10/40	Naples, Fl. 34119	<del></del>					
<del></del>		<del></del>					
<del> </del>	<del></del>	<del></del>					
	<del></del>						
	***************************************						
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		<del></del>					
(Use attachment if necessary)							
ARTICLE V: Effective date, if other than the date	ate of filing:	PTIONAL)					
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	specific and cannot be more than five busi	ness days prior					
	_	d.a. 0					
<b>REQUIRED SIGNATURE:</b>	Ţ Ţ	ASC 7 A					
	<b>/</b>	목은 등 ㅠ					
1200000	Bd dis	FILED IG 29 AF AHASSEE					
Signature of a member of	or an authorized representative of a member.	第二 三					
_	Ť	H 8					
of this document constitue that the facts stated here	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	FILED 7 AUG 29 AH 8: 56 SECRE LANT OF SLATE ALLAHASSEE, FLORID					
Ioannis Bardis		<i>-</i>					
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)