## L08000019108

| (Requestor's Name)                                    |
|---|
| (Requestors Name)                                     |
| ,   |
| WELLER POOLS LLC                                      |
| 1821 S. Orange Blossom Trail<br>Apopka, Florida 32703 |
| CPC # 052511 QB #36543                                |
| (Address)   |
|   |
|   |
| (City/State/Zip/Phone #)                              |
| <u>_</u>  |
| PICK-UP WAIT MAIL                                     |
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|   |
| (Business Entity Name)                                |
| •   |
| (Document Number)                                     |
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| Certified Copies Certificates of Status               |
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| Special Instructions to Filing Officer:               |
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Office Use Only



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SECRETARY OF STATE SEVEN OF CORPORATIONS

J. BRYAN

FEB 2 2 2008

**EXAMINER** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| L & R of Winter   |  | 11   | •         |
|---|--|--|-----------|
| "LLC.")   | ited Liability Company, ir   | e abbreviation "L.L.C.," or the designati  | ion       |
| ARTICLE II - Addres   | s:   |  |           |
| _   | d street address of th   | e principal office of the Limite   | ed        |
| Liability Company is:   |  |  |           |
| Principal Office Addre  | <u>ess:</u>  | Mailing Address:   |           |
| 1821 S. Orange Blo  | ossom Trail  | 1821 S. Orange Blo   | ssom Trai |
| Apopka, FL 32703  |  | Apopka, FL 32703   |           |
| ARTICLE III - Registe   | ered Agent, Registe  | ered Office, & Registered Ag   | ent's S   |
| Signature: (The Limited Liability Company individual or another business entity with an active I The name and the Florid              | y cannot serve as its own R<br>Florida registration.)<br>da street address of the  | egistered Agent. You must designate an he registered agent are:                          |           |
| Signature: (The Limited Liability Company individual or another business entity with an active I The name and the Florid              | y cannot serve as its own R<br>Florida registration.)<br>da street address of the cold J. Von Well   | egistered Agent. You must designate an<br>he registered agent are;<br>Ler                |           |
| Signature: (The Limited Liability Company individual or another business entity with an active I The name and the Florid              | y cannot serve as its own R Florida registration.) da street address of the rold J. Von Well N   | egistered Agent. You must designate an he registered agent are;  Ler ame                 | <u> </u>  |
| Signature: (The Limited Liability Company individual or another business entity with an active I.  The name and the Floridal Hair 182 | y cannot serve as its own R Florida registration.) da street address of the rold J. Von Well N 21 S. Orange Blo                            | egistered Agent. You must designate an he registered agent are:  Ler ame ame assom Trail |           |
| Signature: (The Limited Liability Company individual or another business entity with an active I  The name and the Florid Ha:  187    | y cannot serve as its own R Florida registration.)  da street address of the rold J. Von Well  N 21 S. Orange Blorida street address (F    | he registered agent are:  Ler ame DESCM Trail P.O. Box NOT acceptable)                   |           |
| Signature: (The Limited Liability Company individual or another business entity with an active I  The name and the Florid Ha:  187    | y cannot serve as its own R Florida registration.) da street address of the rold J. Von Well N 21 S. Orange Bloorida street address (Fopka | egistered Agent. You must designate an he registered agent are:  Ler ame ame assom Trail |           |

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)

(¢ØNTINUED) 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:

| MGR  | Harold J. Von Weller  |
|--|---|
|  | 1821 S. Orange Blossom Trail<br>Apopka, FL 32703  |
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|  | (Use attachment if necessary)   |
| LE V: Effective date, if other t   | •   |
| NAL)   | han the date of filing:   |
| NAL)<br>Sective date is listed, the date   | han the date of filing:  must be specific and cannot be more than five  |
| NAL)   | han the date of filing:  must be specific and cannot be more than five  |
| NAL)<br>Sective date is listed, the date   | han the date of filing:  must be specific and cannot be more than five  |
| NAL)<br>Fective date is listed, the date<br>days prior to or 90 days after   | han the date of filing:  must be specific and cannot be more than five  |
| NAL)  Mective date is listed, the date  days prior to or 90 days after  REQUIRED SIGNATURE:  | han the date of filing:  must be specific and cannot be more than five r the date of filing.)                   |
| NAL)  Mective date is listed, the date is days prior to or 90 days after its days prior to or 90 days after its | must be specific and cannot be more than five r the date of filing.)  an authorized representative of a member. |
| NAL) Fective date is listed, the date is days prior to or 90 days after REQUIRED SIGNATURE:  Signature of a member or (In accordance with section)   | han the date of filing:  must be specific and cannot be more than five r the date of filing.)                   |

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)