(Requestor's Name)	
(Address)	300119676653
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/10/0801040020 **130.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
MAR 1 1 2008	

EXAMINER

Office Use Only

COVER LETTER

Division of Corporations
SUBJECT: Dunning Pool Services
(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:
Michael Dunning (Name of Person)
Dunning Pool Services (Firm/Company)
PO Box 181 (Address)
Auburndale, Fl 33823 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Dunning at (863) 223-2770 (Name of Person) at (863) 223-2770 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee \$\frac{1}{2}\$\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ 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

A	R	T	ICI	Æ	I	- 1	Nam	e
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The name of the Limited Liability Company is:

Dunning Pool Services LLC
(Musicand with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
113 Madalyn C+	Po Box 181
Auburndale, 71 33823	Aubimndale, 71

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Michael Dunning

Name

113 Madalyn Ot

Florida street address (P.O. Box NOT acceptable)

Auburndale FL 33823

City, State, and Zip

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 2008 MAR IO PH 1: 29
SECRETARY OF STATE

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 N	mber
	MGR	Michael Dynning
		113 Madalyn Ct
		Auburndale, 71 33823
	MGR	Tripha Dunglan
	1.101-	113 Madalon C+
		Auburndale, 71 33823
		•
	(No ottochment if mann	
	(Use attachment if neces	ry)
ARTIC	LE V: Effective date, if	ner than the date of filing: (OPTIONAL)
		ate must be specific and cannot be more than five business days prior
to or 90	days after the date of fil	g.)
	REQUIRED SIGNATU	RE:
		€.
	-//	achael Dunning
		of a member or an authorized representative of a member.
	(In acco	lance with section 608.408(3), Florida Statutes, the execution
	of this	cument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
		hael S Dunning
	160	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)