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Special Instructions to Filing Officer:						

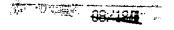
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EFFECTIVE DATE 9/1/08



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SECKLIALY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 19 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporation	18			
SUBJECT: POOS	(Name of Limited Lin	ete, LL( ability Company)	7	
The analoged Articles of Overnin	stion and foo(s) are subm	inad for filing		
The enclosed Articles of Organiz		_		
Please return all correspondence	concerning this matter to	the following:		
_Kathlee	n Lave	ecchio		
· · · · · ·	(Name	e of Person)		
tools by	y Kate	LLC		
, , , ,	(Firm	/Company)		
3185 Su	Crumpo	cker St.		
Pact St 1	ucie [	address) 24052	SECRI TALLA	08 AUG
1016,01,1	(City/State	e and Zip Code)	<u> </u>	
				CO :
For further information concerning	g this matter, please call:			
Kate Lavecc (Name of Person	hio at (	772 <u>(Area Code &amp; Daytime Tele</u>	<u> </u>	<u>=</u> €
Enclosed is a check for the fol	owing amount:			
\$125.00 Filing Fee \$130 Certi	ficate of Status (	155.00 Filing Fee & 나 Certified Copy additional copy is enclosed)	\$160.00 Filing Fe Certificate of State Certified Copy (additional copy is en	us &
Registi Divisio	g Address ation Section on of Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building		

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Pools by Kate, LLC
(Must end 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:
3185 SW Crumpacker St. 3185 SW Crumpacker S
Port St. Lucie, FL 34953 Port St. Lucie, FL 34953
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:
Kathleen La Vecchio
3185 SW Crumpacker St. 2 = ==
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)  City, State, and Zip
A A A A A A A A A A A A A A A A A A A
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

EFFECTIVE DATE 4/1/08

**ARTICLE I - Name:** 

(CONTINUED)
Page 1 of 2

The name and a	ddress of each Manager	or Managing Member is as follows:		
<u>Title:</u> "MGR" = Mana	ger	Name and Address:		
"MGRM" = Mai	naging Member	Kathleen Lavecchi 3185 SW Crumpa Post St. Lucie, FL	0 <u>cker</u> St 34953	•
(Her other house of the	:6		<del></del>	
(Use attachment ARTICLE V: Effective (If an effective date is list or 90 days after the d	date, if other than the datested, the date must be sp	te of filing: 9//08 pecific and cannot be more than five b	(OPTIONAL ousiness days	•
REQUIRED SI	GNATURE:	Λ		
	Kathleen	La Vecchio	SEI JALI	
	(In accordance with section	r an authorized representative of a member n 608.408(3), Florida Statutes, the execution	HASE IS	
	that the facts stated here Kathleen	es an affirmation under the penalties of perjury in are true.)  La Ve CChio or printed name of signee	8 AH	
Filing Fees		•	TIALE STALE ACORDA	******

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)