

LO9000011937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

LO9000004506

Office Use Only

EFFECTIVE DATE 2/2/09



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01/28/09--01011--011 **155.00

FILED
09 FEB -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 5 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AQUACLEAN POOL SERVICE OF KEY WEST, LLC.
(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:

BRANDON S. KOCIS

(Name of Person)

AQUACLEAN POOL SERVICE OF KEY WEST, LLC.

(Firm/Company)

2801 FLAGLER AVENUE

(Address)

KEY WEST, FLORIDA 33040

(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDON S. KOCIS

(Name of Person)

at (**305**) **747-6265**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 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

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09 FEB -5 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2009

BRANDON S KOCIS
2801 FLAGLER AVE
KEY WEST, FL 33040

SUBJECT: AQUACLEAN POOL SERVICE OF KEY WEST
Ref. Number: W09000004506

We have received your document for AQUACLEAN POOL SERVICE OF KEY WEST and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 009A00003301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AQUACLEAN POOL SERVICE OF KEY WEST, 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:

2801 FLAGLER AVENUE
KEY WEST, FLORIDA 33040

Mailing Address:

2801 FLAGLER AVENUE
KEY WEST, FLORIDA 33040

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:

BRANDON S. KOCIS

Name

2801 FLAGLER AVENUE

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

KEY WEST, FL 33040

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

BRANDON S. KOCIS

2801 FLAGLER AVENUE

KEY WEST, FLORIDA 33040

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: FEBRUARY 2, 2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

BRANDON S. KOCIS

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)

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09 FEB -5 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA