## 109000047960

| (Rec                      | questor's Name)   | <del></del> |
|---------------------------|-------------------|-------------|
| (Add                      | fress)            | · · ·       |
| (Add                      | lress)            |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | iness Entity Nan  | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | of Status   |
| Special Instructions to F | iling Officer:    |             |
|                           |                   |             |
|                           |                   |             |
|                           |                   |             |

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SECRETARY OF STATE
ALLAHASSEF

D. BRUCE
MAY 18 2009
EXAMINER

## **COVER LETTER**

Registration Section

TO:

| Division of C           | Corporations  |  |  |
|-------------------------|---|--|--|
| SUBJECT:                | Flagler Po  | ol Company, LLC.   |  |
|                         | Name of Limited L   | iability Company   |  |
| The enclosed Articles   | of Organization and fee(s) are subr   | nitted for filing.   |  |
| Please return all corre | spondence concerning this matter to   | the following:   |  |
|                         |   | Halvorsen, Jr.   |  |
|                         | Nar   | ne of Person   |  |
|                         | Flagler Poo   | l Company, LLC.  |  |
|                         | Fin   | n/Company  |  |
|                         | 1309 S  | Flagler Ave.   |  |
| <del></del>             | 1000 0.   | Address  |  |
|                         | Closies I   | Josep Florida 2012/  | =  |
|                         |   | Beach, Florida 52136 tte and Zip Code  | ASE S  |
|                         | leif_halvors  | sen@hotmail.com  | MA)<br>AREI  |
|                         | E-mail address: (to be used for fu  | ture annual report notification)   | AR)<br>SSE   |
| For further informatio  | n concerning this matter, please cal  | l:   | THE THE  |
|                         | Halvorsen, Jr. at   | ( 386 ) 931-8084<br>Area Code & Daytime Telephone Numb   | STA C  |
| Nan                     | e of reison   | Area Code & Daytine Telephone Numb   | × 7  |
| Enclosed is a check     | for the following amount:   |  |  |
| ₹\$125.00 Filing Fee    | \$130.00 Filing Fee & Certificate of Status   | Certified Copy Certifica (additional copy is enclosed) Certified   | Filing Fee,<br>te of Status &<br>I Copy<br>I 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 Tailahassee, FL 32301 |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nam<br>The name of the Lin                            | e:<br>nited Liability Compan  | y is:   |  |  |  |
|---|---|---|--|--|--|
|   | Flagier Pool C  | ompany  | , LLC.   |  | _  |
| (Musi   | end with the words "Limited   | Liability Comp                                | any," "L.L.C.," or "l  | LLC.")   |  |
| ARTICLE II - Add<br>The mailing address                           | ress:<br>and street address of the  | ne principal                                  | office of the Li   | imited Liability (   | Company is:                                  |
| Principal Office Ad   | ldress:   | Mai   | ling Address:  |  |  |
| Flagler Pool Comp<br>1309 S. Flagler Av<br>Flagler Beach, Fl      | e   | 130   | iler Pool Comp<br>9 S. Flagler Av<br>iler Beach, FL          | <u>re</u>  | <b>-</b><br>-                                |
| (The Limited Liability Con<br>business entity with an ac          | gistered Agent, Regist<br>npany cannot serve as its own<br>tive Florida registration.)<br>orida street address of             | Registered Age                                | ent. You must designa  |  |  |
|   | leif A F  | łalvorsen,                                    | .lr  | į  | <u>မ်ာ့</u> ၀                                |
| -   |   | lame  | <u> </u>   | - LAH  | 9 <b>%</b> .                                 |
| 1309  |   | Flagler A                                     | ve.  | ASSI   | TAR T  |
| _   | Florida street address  | (P.O. Box No                                  | OT acceptable)   |  | × 51   |
| _   | Flagler Beach   | FL  | 32136  |  |  |
|   | City, Sta   | ate, and Zip                                  |  | TAT.   |  |
| liability company<br>registered agent and<br>statutes relating to | d as registered agent and v at the place designated d agree to act in this cap the proper and comple ations of my position as | l in this cer<br>pacity. I fur<br>te performa | tificate, I hereby<br>ther agree to coi<br>ince of my duties | accept the appoi<br>mply with the pro<br>, and I am famili | intment as<br>ovisions of all<br>ar with and |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## Page 1 of 2

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe   | Name and Address:  |
|---|--|
| MGR   | Leif A. Halvorsen, Jr. 1309 S. Flagler Ave. Flagler Beach, Fl 32136  |
| <del></del>   |  |
|   |  |
| (Use attachment if necessary)   |  |
| ICLE V: Effective date, if other the effective date is listed, the date in 90 days after the date of filing.) | nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days  |
| v   |  |
| REQUIRED SIGNATURE:   | $\vec{A}_{ij}$   |
| Signature of a  | member or an authorized representative of a member.  With section 608.408(3), Florida Statutes, the execution The section 608.408(3), Florida Statutes, the execution Execution Character Statutes, the execution Character Statutes Statutes, the execution Character Statutes Statut |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Filing Fees: