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| PICK-UP WAIT MAIL                       |   |
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| Certified Copies Certificates of Status |   |
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| Special Instructions to Filing Officer: |   |
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SECRETARY OF STA

J. BRYAN

JUN - 4 2009

**EXAMINER** 

## **COVER LETTER**

| TO: Registration of    | on Section<br>Corporations  |   |                                       |          |
|------------------------|---|---|---------------------------------------|----------|
| SUBJECT:               | Cabana Po   | ol Supply of Lehi   | igh L.L.C.                            |          |
|                        |   | ted Liability Company   |                                       |          |
| The enclosed Article   | es of Organization and fee(s) are   | submitted for filing.   |                                       |          |
| Please return all corr | respondence concerning this mat   | ter to the following:   | FACE SE                               | •        |
|                        | Hı  | umberto Lowell  | Car                                   | <u> </u> |
|                        |   | Name of Person  | PS                                    | 3        |
|                        | Cabana  | Pool Supply of Leh  | igh SER                               | 1-3 PHK  |
|                        |   | Firm/Company  | COR<br>STA                            | 2        |
|                        | 3507  | Lee Blvd. Ste 204   |                                       | n        |
|                        |   | Address   |                                       |          |
|                        | Lehigh  | Acres Florida 3397  | 71                                    |          |
|                        |   | ty/State and Zip Code   | · · · · · · · · · · · · · · · · · · · |          |
|                        |   |   |                                       |          |
|                        | E-mail address: (to be used   | for future annual report noti   | ification)                            |          |
| For further informati  | on concerning this matter, pleas  | e call: (239) 82  | 3-7634 cell phone                     |          |
| Hur                    | mberto Lowell   | at ( 239 )  | 369-5591                              |          |
| Na                     | me of Person  |   | sytime Telephone Number               |          |
| Enclosed is a checl    | c for the following amount:   |   |                                       |          |
| \$125.00 Filing Fe     | e \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status  | \$155.00 Filing Fee<br>Certified Copy<br>(additional copy is end                              | Certificate of Status                 |          |
|                        | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Registration Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, FI | ction rporations ng e Center Circle   |          |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Cabana Pool Supply of Lehigh L.L.C. (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:** 3507 Lee Blvd Ste 204 3507 Lee Blvd Ste 204 Lehigh Acres Florida 33971 Lehigh Acres Florida 33971 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.) Effective Date 06/01/09 The name and the Florida street address of the registered agent are: **Humberto Lowell** Name 3507 Lee Blvd. Se 204 Florida street address (P.O. Box NOT acceptable) Lehigh Acres FL 33971 FL 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.

(CONTINUED)

## Page 1 of 2

| <u>Title:</u>  |  | Name and Address:  | 五二        |
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| 'MGRM" = Managin   | g Member   |  | or chi    |
| m  |  | Humberto Lonell  | 74        |
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|  |  | Lehih Acres, FL 33971  |           |
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