# Florida Department of State

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FLORIDA/FOREIGN LIMITED LIABILITY CO. Southern Pools & Spa of North West Florida LLC

Certificate of Status	1
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Page Count	02
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C. LEWIS

DEC 2 4 2009

**EXAMINER** 

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## ARTICLES OF ORGANIZATION FOR

#### FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Southern Pools & Spa of North West Florida LLC

ARTICLE II - Address

Principal Office Address:	Mailing Address:
8700 Front Beach Road, Unit 6204	8700 Front Beach Road, Unit 6204
Panama City Beach, FL 32407	Panama City Beach, F1. 32407
ARTICLE III - Registered Age The name and Florida street address of	nt, Registered Office & Registered Agent's Signature
	Kyle Sapp
•	Name Fro
	8700 Front Beach Road, Unit 6204
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Panama City Heach, FL 32407 (City / State / Zip)
at the place designated in this certific capacity. I further agree to comply w	ent and to accept service of process for the above stated limited liability company cate. I hereby accept the appointment as registered agent and agree to act in this ith the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent as provided for in
	4.1 5.5
	man - Maria

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mcmber	Name and Addre	<u> </u>
MGR	Kyle Sapp	8700 Front Beach Road, Unit 6204
		Panama City Beach, FL 32407
MGR	Devon Collins	8700 Front Beach Road, Unit 6204
		Panama City Beach, FL 32407
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
	4.L. 5.	So all

Signature of a member or 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.)

Kyle Sapp

Typed or printed name of signee

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