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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

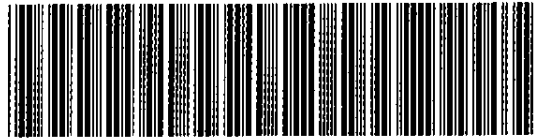
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE
FEB 18 2010
EXAMINER





FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2010

JOHN V. MURRAY II
27310 PRESERVATION ST
BONITA SPRINGS, FL 34135

SUBJECT: 7 STAR PROFESSIONAL POOL RENOVATIONS, L.L.C.
Ref. Number: W10000006029

We have received your document for 7 STAR PROFESSIONAL POOL RENOVATIONS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you have selected can not be filed. In order for the name to be registered the symbol has to be on our keyboard the star symbol is not. The name is available with star spelled out.,

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 710A00003043

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 ★ Professional Pool Renovations, L.L.C.
Name of Limited Liability Company

Note:
Name is 7 Star -
But using
the
★
instead of
spelling
out Star.

(7 Star Professional Pool Renovations, LLC)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN V. MURRAY II
Name of Person

new co-see subject above
Firm/Company

27310 Preservation St.
Address

Bonita Springs, FL. 34135
City/State and Zip Code

mainpiper@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN V. MURRAY II
Name of Person

at (239) 482-3769
Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7 STAR Professional Pool Renovations, 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:

27310 Preservation St.
Bonita Springs, FL 34135

SAME

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:

John V. Murray, II - mgr.
Name

27310 Preservation St.
Florida street address (P.O. Box NOT acceptable)
Bonita Springs FL 34135
City, State, and Zip

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TALLAHASSEE, FLORIDA
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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)

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

MGR.

Name and Address:

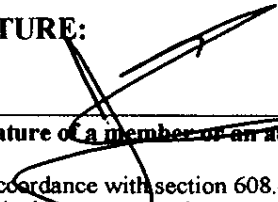
JOHN V. MURRAY II

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing → _____ (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.)

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TALLAHASSEE, FLORIDA

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.)

JOHN V. MURRAY II

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)