L10000026253

(Re	equestor's Name)
(Ad	ldress)	
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(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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B. KOHR

EXAMINER

MAR 1 0 2010

DIVISION OF CORPORATIONS

10 MAR - 1 AM 8: 54



FAIC MAIL. COMES FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 3, 2010

BRYAN SUJKA 2025 6TH COURT SOUTH LAKE WORTH, FL 33461

SUBJECT: AQUAMARINE POOL SERVICE LLC

Ref. Number: W10000010333

L09-1687

We have received your document for AQUAMARINE POOL SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please note that we have RETAINED your \$125.00 payment.

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) 245-6914.

Buck Kohr Regulatory Specialist II

DAIC WRAK 954 753 5025

Kohr, William "Buck"

From: Eric Meeks [ericmeeks7@gmail.com]

Sent: Tuesday, March 09, 2010 4:50 PM

To: Kohr, William "Buck"

Subject: Re: BRYAN SUJKA'S USE OF THE NAME "AQUAMARINE POOL SERVICE LLC"

I Eric Meeks - have no objection to Bryan Sujka's using the name AQUAMARINE POOL SERVICE, LLC

COVER LETTER

TO:

Registration Section

Division of C	Corporations			
SUBJECT:	Aquama	arine P	ool Service L	LC %
	Name of Limi	ted Liabil	ity Company	LC 6
The enclosed Articles	of Organization and fee(s) are	submitted	i for filing.	
Please return all corres	spondence concerning this ma	tter to the	following:	•
Mark Mark Association		Bryan S		
		Name of	Person	
	Aquama	rine Po	ol Service LLC	
		Firm/Co	mpany	
	2025	6th Co	ourt South	
		Addn	CSS	-
<u>-</u>	Lak	e Worth	FI 33461	•
	: :	ty/State and		
	E-mail address: (to be used	arinepo	ols@aol.com	ion)
For further information	concerning this matter, pleas			,
	•			
	yan Sujka of Person	at (561 Area Code & Daytime	540-8548
		•	. Boa coas ta Sayami	Telephone Punion
Enclosed is a check t	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	.00 Filing Fee & ified Copy tional 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 Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		npany is:	10 Map
(Mus		e Pool Service LLC mited Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add The mailing address		of the principal office of the Limited Lia	ability Company is:
Principal Office A	ddress:	Mailing Address:	
2025 6th Court So Lake Worth FI 334		2025 6th Court South Lake Worth Fl 33461	
(The Limited Liability Cor business entity with an ac	mpany cannot serve as its ctive Florida registration.)	egistered Office, & Registered Agent's own Registered Agent. You must designate an indiving of the registered agent are:	Signature: dual or another
		Bryan Sujka	
		Name	
~	2025	5 6th Court South	
•	Florida street add	dress (P.O. Box NOT acceptable)	
	Lake Worth FI	33461 FL ty, State, and Zip	
liability compan registered agent an statutes relating to	y at the place design d agree to act in this o the proper and cor	nt and to accept service of process for the c nated in this certificate, I hereby accept th is capacity. I further agree to comply with mplete performance of my duties, and I an in as registered agent as provided for in C	e appointment as the provisions of all 1 familiar with and

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MILK = Manaue	_	Name and Address:
"MGR" = Manage "MGRM" = Mana		•
MOKIM — Mana	ignig Mcmocr	
MGR		Bryan Sujka
	· .	2025 6th Court South
		Lake Worth FI 33461
· · · · · · · · · · · · · · · · · · ·		
		
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Use attachment if	necessary)	
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•	ate. if other than the ded, the date must be te of filing.)	late of filing: (OPTIO specific and cannot be more than five business
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EV: Effective di lective date is liste days after the dat REQUIRED SIG	ate. if other than the ded, the date must be te of filing.) NATURE: Signature of a member	specific and cannot be more than five business of a new business or an authorized representative of a member.
EV: Effective di lective date is liste days after the dat REQUIRED SIG	ate. if other than the ded, the date must be te of filing.) NATURE: Signature of a member (In accordance with section of this document constitution)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
EV: Effective di lective date is liste days after the dat REQUIRED SIG	ate. if other than the ded, the date must be te of filing.) NATURE: Signature of a member (In accordance with sections)	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury in are true.)
EV: Effective de lective de lective date is liste days after the date REQUIRED SIG	And the date must be the of filing.) NATURE: Signature of a member of this document constituted that the facts stated here.	or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)