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B. KOHR
MAR 2 8 2010

EXAMINER



# **COVER LETTER**

SO: Registration Section Division of Corporations	
SUBJECT: DEFINITIVE POOLS LLC	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	0
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  MARK BRADFORD	, 3
Name of Person	7
DEFINITIVE GROUP LLC	· 
Firm/Company	
8390 CHAMPIONSGATE BLVD, SUITE 300	
Address	
CHAMPIONSGATE, FL, 33896	
City/State and Zip Code	
MARK@DEFINITIVEGROUPLLC.COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARK BRADFORD at (407 )574 2612  Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certificate of	Ł

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

### **DEFINITIVE POOLS LLC**

(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

Principal Office Address:	Mailing Address:
3390 CHAMPIONSGATE BLVD	8390 CHAMPIONSGATE BLVD
SUITE 300	SUITE 300
CHAMPIONSGATE, FL, 33896	CHAMPIONSGATE, FL, 33896

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:

SIMEON STREETER
Name
8390 CHAMPIONSCATE DUD #300
Florida street address (P.O. Box NOT acceptable)
CHAMPIONSCATE FL 33896
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

MGR	MARK BRADFORD 925 BALMORAL DRIVE DAVENPORT FL 33896
MGR	SIMEON STREETER
	11032 Belmere Isles Ct Windermere FL, 34786
<del></del>	
Use attachment if necessary)	
LEV: Effective date, if other th	an the date of filing: (OPTION.

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.)

SIMEON STREETER
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)