

L10000056057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

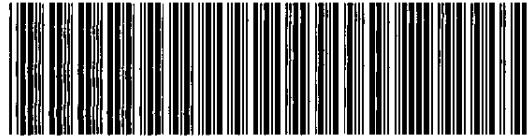
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/24/10--01055--023 **130.00

EFFECTIVE DATE 5/19/2010

10 MAY 24 AM 10:04
SECTION OF CORPORATIONS

B. KOHR

MAY 25 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE 5/19/2010

SUBJECT: Tropical Waves Pool Services 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:

Megan Mustafa

Name of Person

Firm/Company

3145 Carthage Court

Address

Orlando, Florida 32837

City/State and Zip Code

tropiwaves@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Mustafa

Name of Person

at (407)

557-5407

Area Code & Daytime Telephone Number

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

FILED
MAY 19 2010
DIVISION OF CORPORATIONS
10 MAY 24 AM 10:04

EFFECTIVE DATE 5/19/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tropical Waves Pool Services "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 is:

Principal Office Address:

3145 Carthage Court

Orlando, FL 32837

Mailing Address:

3145 Carthage Court

Orlando, FL 32837

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:

Megan Mustafa

Name

3145 Carthage Court

Florida street address (P.O. Box **NOT** acceptable)

Orlando,

FL 32837

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..

Megan Mustafa
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
MAY 26 AM 10:04
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

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

Name and Address:

"MGR"

Megan Mustafa

3145 Carthage Court

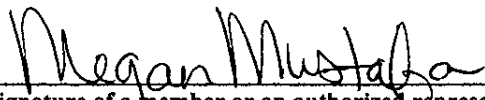
Orlando, FL 32837

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/19/10. (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.)

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.)

Megan Mustafa

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)