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(Requestor's Name)		
(Áddress)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	-	
(Business Entity Name)	—	
(Document Number)		
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Contillation of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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S. HAWKES
JUN 0 8 2010
EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: NV POOL SET	PYICE LLC ited Liability Company
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
KEVIH CHASTAIN	Name of Person
MV POOL SERVICE	Firm/Company
4311 4th AVE	NE Address
BRADEMTONI FL	34208 ity/State and Zip Code
NVPools @ Live. Co	for future annual report notification)
For further information concerning this matter, pleas	
KEVINI CHASTAIN Name of Person	at (941) 465 ~ 8147 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee \$\ \times \\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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	Street/Courier Address Registration Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314 🐣

ARTICLE I - Name: The name of the Limited Liability Company is:	LORIDA LIMITED LIABILITY COMPANY
NVPools LLC (Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4311 4th AVE NE BRADEMION FL 3420B	SAME AS OFFICE

: KEUIN CHASTAIN
Name

The name and the Florida street address of the registered agent are:

4311 4th AVE NE
Florida street address (P.O. Box NOT acceptable)

BRADBYTON FL 34208
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

	To Un Pilon
ARTICLE IV- Manager(s) or Ma The name and address of each Mana	naging Member(s): nger or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	KEVIN CHASTAIM 4311 4th AVE NE BRADBYTON FL 34208
MGR	PATRICIA JACKSOM 4311 4th AVE NE BRADENTOIN FL 34208
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a memb	per or an authorized representative of a member.
(In accordance with so of this document consthat the facts stated he	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury erein are true.)
Kevii B.	Yped 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)