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EXAMINER

T 	Registration Section Division of Corporations				
s	Southeast Pool Outlet, LLC				
•	Name of Limited Liability Company				
Т	enclosed Articles of Organization and fee(s) are submitted for filing.				
P	se return all correspondence concerning this matter to the following:				
	Richard A. Glover, CPA				
Name of Person					
	Glover & Company, Inc.				
	Post Office Box 12612 Address				
	Tallahassee, Fl 32312 City/State and Zip Code				
	raglover@ragloverCPA.com				
	E-mail address: (to be used for future annual report notification)				
F	For further information concerning this matter, please call:				
	Kathleen L. Hewitt at (850) 553-4168				
_	Name of Person Area Code & Daytime Telephone Number				
Е	Enclosed is a check for the following amount:				
√ \$1	.00 Filing Fee \$\bigs\tag{\text{\$130.00 Filing Fee & Certificate of Status}}\$\$ \$155.00 Filing Fee & \bigs\tag{\text{\$\$160.00 Filing Fee, Certificate of Status & 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 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southeast Pool Outlet, 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:

Mailing Address:

4736 Sweetwater Lane
Tallahassee, FL 32311

4736 Sweetwater Lane Tallahassee, FL 32311

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:

Kathleen L. Hewitt

Name

4736 Sweetwater Lane

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

Tallahassee

, 32311

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)

FILED

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

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Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SACIAL TARRIS STATE FALLAHASSEE. FLORIDA
MGRM	Kathleen L. Hewitt 4736 Sweetwater Lane Tallahassee, FL 32311	
		
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: January 2, 2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kathleen L. Hewitt

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)