

L1100000 32072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600197649546

600197649546
03/14/11--01058--026 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 14 AM 11:20

FILED

J. SAULSBERY
EXAMINER

MAR 16 2011

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD

PORT ST. LUCIE, FLORIDA 34952

(772) 335-5455

(772) 335-2503 FAX

March 7, 2011

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

FILED
2011 MAR 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: ProTech Pool Service, LLC

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent for the above-referenced new limited liability company. Please file the originals in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the filing and registered agent designation fees. Thank you for your assistance in this matter.

Sincerely,



Tiffany N. Gonsalves, CLA FRP
Certified Paralegal

Enc.

ARTICLES OF ORGANIZATION

OF

PROTECH POOL SERVICE, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is ProTech Pool Service, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The street address of the principal office and the mailing address of the Company shall be 526 SW Violet Avenue, Port St. Lucie, Florida 34983.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Member(s). The Managing Member of the Company shall be Thomas Hanson. The Member(s) of the Company are as follows:

Thomas Hanson
526 SW Violet Avenue
Port St. Lucie, FL 34983

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

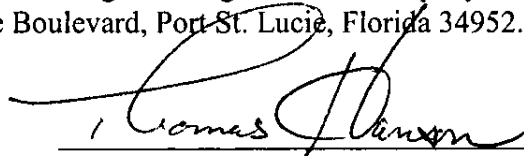
ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

FILED
2011 MAR 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, Esquire, 1595 S.E. Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.



Thomas Hanson, Incorporator

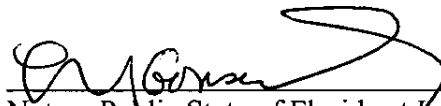
**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Thomas Hanson, who has produced FL DRIVER'S LICENSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 7th day of March, 2011.

(S E A L)





Notary Public State of Florida at Large

Printed Signature: Tiffany N. Gonsalves

My Commission No:

My Commission Expires:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 14 AM 11:20

FILED

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.



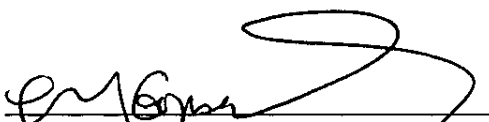
RICKEY L. FARRELL, ESQUIRE
Registered Agent

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced _____ as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 7th day of March, 2011.

(S E A L)



Notary Public State of Florida at Large
Printed Signature: Tiffany N. Gonsalves
My Commission No:
My Commission Expires:

FILED
2011 MAR 14 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA