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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Tropical Pools of the lower keys 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:

mark jachelski	
	Name of Person
Tropical Pools of the le	ower keys LLC
	Firm/Company
24580 overseas highw	ay
	Address
summerland key, FL 330	42
Ci	ity/State and Zip Code
mark745@bellsouth.net	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	se call:
mark jachelski	at (305) 395-2160
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	Æ I -	- Name:
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The name of the Limited Liability Company is:

Tropical Pools of the lower keys LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Addrose:

The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
24580 overseas highway	24643 park dr summerland key.FL
summerland key, FL	summerland key.FL
33042	33042
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
mark jachelski	
Name	
24643 park dr	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
summerland key	_{FL} 33042
City, St	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608. F.S
Registered Agent's Signa	TARY OF SI
(CONTIN	iued) ≘5 ±

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	mark jachelski
	24643 park dr
	summerland key FL 33042
MGR	dana jachelski
	24643 park dr
	summerland key FL 33042
	•
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL
	st be specific and cannot be more than five business days
0 days after the date of filing.)	
REQUIRED SIGNATURE:	
✓	ember 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.)

mark jachelski

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)