## [11000073017

(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



400209123054

06/22/11--01009--023 \*\*125.00

TILED

11 JUN 22 AM II: 32

SECRETARY OF STATE SECRETARY OF STATE AND ID A

J. BRYAN

JUN 23 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: E 3D POOL SERVICES, LLC
Name of Limited Liability Company
空流 た 一
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUBJECT: E3D Pace 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:  ERE JEFFERSON  Name of Person
Name of Person
Name of Person  ERIC JEFFERSON  Name of Person  E3D POOL SERVICES, LLC  Firm/Company
37235 GRASSY HUL LW.  Address  DADE CITY FL 33525  City/State and Zip Code  e jefferson 2 e msn-com
Address
DADE CITY FL 33525
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC JEFFERSON at 352 437-4082  Name of Person Area Code & Daytime Telephone Number
Name of reison Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address  Registration Section  Registration Section  Registration Section  Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	-0 <b>-</b>
The name of the Limited Liability Company is:	الما المان الم
(Must end with the words "Limited Liabil	ces LLC.
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
37235 GRASSY HILL LN. DADECITY FL 33525	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re	tered Agent. You must designate an individual or another
Name	
ERR JEFFER Name 37235 GRASS	y there la.
	iress (P.O. Box <u>NOT</u> acceptable)
DADE CITY	FL 33525
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signati	

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managin	Name and Address:
MGRIN	ERIC JEFFERSON  37235 GRASSY HILL CN.  DADE CITY FL 33525
77,47	37235 CARCULLUL IN
	11-50 GANSSY ATC CO.
	Es.
	<u> </u>
•	50 2
(Use attachment if no	noncoru)
	, if other than the date of filing: (OPTION the date must be specific and cannot be more than five business day
LE V: Effective date, fective date, t	the date must be specific and cannot be more than five business day filing.)
LE V: Effective date, fective date, fective date is listed, to days after the date of REQUIRED SIGNA	the date must be specific and cannot be more than five business day filing.)
LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA	the date must be specific and cannot be more than five business days filing.)  ATURE:  mature of a member of an authorized representative of a member.
LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA	the date must be specific and cannot be more than five business days filing.)  ATURE:  mature of a member of an authorized representative of a member.  acce with section 008,408(\$\beta\$), Florida Statutes, the execution of this document
LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA  Sign  (In accordance constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes and the constitutes a l am aware to section of the constitutes a last a listed of the constitutes a l am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am a	the date must be specific and cannot be more than five business days filing.)  ATURE:  nature of a member or an authorized representative of a member.  nature with section 008 403 (B), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State
LE V: Effective date, fective date is listed, to days after the date of REQUIRED SIGNA  Sign  (In accordance constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes a l am aware to section of the constitutes and the constitutes a l am aware to section of the constitutes a last a listed of the constitutes a l am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am aware to section of the constitutes a la am a	the date must be specific and cannot be more than five business days filing.)  ATURE:  nature of a member of the authorized representative of a member.  are with section 608 408 (B), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are true.

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)