# 11000126469

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
L. SE	LLERS	

Office Use Only



800213941458

11/03/11--01026--002 \*\*125.00

IT NOV -3 PM 1:56

## COVER LETTER

TO: Registration : Division of Co		
SUBJECT:	TB Pool Name of Limit	Contracting LLC ed Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return an corres	oondence concerning this matt	
	Charles F	Paul Smith Name of Person
	JTB Pool	Contracting LLC Firm/Company
	37333 N	leighbors PATh
		Address
	Zeehurhills	Chrida 33542
	Chi	y/State and Zip Code
	JTB Pools	Florida 33542 y/State and Zip Code  PAO1. Com or future annual report notification)
	E-mail address: (to be used f	or future annual report notification)
	concerning this matter, please	
PAU	1 Smith	at ( R13 Area Code & Daytime Telephone Number
Name	of Person	Area Code & Daytime Telephone Number
•	or the following amount:	
\$125.00 Filing Fee L	\$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	Street/Courier Address
	Registration Section Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
4

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
37333 Neighbors Path	37333 Neighbors Park Zephyrhills, Florida
Zephyrhills, Florida	Zephyrhills, Florida
33542	33542

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:

Charles Paul Smith

Name

37333 Neighbors Path

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

Zephyrhills, Floreida 33542

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

FILED

11 NOV -3 PH 1:56

SECRETARY OF STATE
TALLAHASSEF F. F. 100 FE

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Charles Paul Smith 37333 Neighbors Path Zephyrhill P. Florida 33542
	37333 Nekhbiri PATA
	Zephyrhill F. Florida 33542
<u> </u>	
	4
(Use attachment if necessary)	
	(OPT/O) (.1.)
	he date of filing: (OPTIONAL)
	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	_
	01 094
	Clappy
Signature of a men	nber or an authorized representative of a member.
(In accordance with section (	608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation ur	ider the penalties of perjury that the facts stated herein are true.
I am aware that any false int	ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
Olistitutes a time degree let	ules Paul Smith
()44	יודיע ואחן (שוע)

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)

Typed or printed name of signee