

L12000011303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

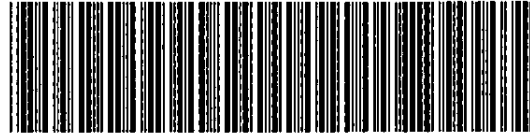
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200216055952

01/12/12--01027--010 \*\*125.00

FILED  
12 JAN 23 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 24 2012

EXAMINER

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

January 20, 2012

Re: Horizons Pool Care, LLC  
Ref Number: W12000002507

To Whom It May Concern:

I, Kenneth Horner, of Horizon Pool Care, LLC give permission for Christina M. Prosser use of Horizons Pool Care, LLC.



Kenneth Horner  
Horizon Pool Care, LLC

FILED  
12 JAN 23 PM 5:00  
STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Horizons Pool Care, 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:

Adam G. Prosser

Name of Person

Horizons Pool Care, LLC

Firm/Company

P.O. Box 113

Address

Oakland, FL 34760-0113

City/State and Zip Code

HorizonsPoolCare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina M. Prosser

Name of Person

at ( 407 ) 466-9550

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 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

12 JAN 13 PM 5:00  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Horizons Pool Care, 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:**

22 West Vick Avenue  
Oakland, FL 34760-0113

**Mailing Address:**

P.O. Box 113  
Oakland, FL 34760-0113

### 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:

Christina M. Prosser

Name

22 West Vick Avenue

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

Oakland

FL 34760-0113

City, State, and Zip

FILED  
12 JAN 23 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

*Christina Prosser*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Adam G. Prosser

P.O. Box 113

Oakland, FL 34760-0113

MGRM

Christina M. Prosser

P.O. Box 113

Oakland, FL 34760-0113

(Use attachment if necessary)

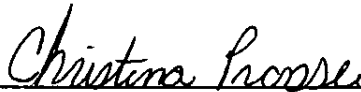
12 JAN 23 PM 5:00  
STATE  
TALLAHASSEE FLORIDA

FILED

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Christina M. Prosser

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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2012

ADAM G. PROSSER  
POST OFFICE BOX 113  
OAKLAND, FL 34760-0113

SUBJECT: HORIZONS POOL CARE, LLC  
Ref. Number: W12000002507

We have received your document for HORIZONS POOL CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is L09000002433,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 712A00000978