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SEC. FIGURE

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EXAMINER

### **COVER LETTER**

**Registration Section** TO: **Division of Corporations** Pool Tex LLC SUBJECT: 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: Abraham Gonzalez Name of Person Pool Tex LLC Firm/Company 6057 Pompano Street Address Fort Myers, Florida 33919 City/State and Zip Code poolmaster300@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Abraham Gonzalez TT: Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fee &} \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

#### Mailing Address

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

#### Street/Courier Address

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Pool I	ex, LLC	
(Must end with the words "Limite	d 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	y is:
Principal Office Address:	Mailing Address:	
6057 Pompano Street	6057 Pompano Street	
Fort Myers, Florida 33919	Fort Myers, Florida 33919	
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual for another the signature of the signature	or boards
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another  the registered agent are:	The state of the s
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Abraha	Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	To a second seco
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Abraha  6057 Por	stered Office, & Registered Agent's Signature:  Registered Agent. You must designate an individual or another  the registered agent are:	The second secon
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of Abraha  6057 Por	stered Office, & Registered Agent's Signature:  n Registered Agent. You must designate an individual or another  the registered agent are:  n Gonzalez  Name  npano Street	The state of the s

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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.

# 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 "MGRM" = Managing Member	Name and Address:	
MGR	Abraham Gonzalez	
	6057 Pompano Street	<del></del>
	Fort Myers, Florida 33919	· · · · · · · · · · · · · · · · · · ·
<u> </u>		
<del></del>		<u> </u>
		75 J
(Use attachment if necessary)		25 S
CLE V: Effective date, if other than the	ne date of filing: February 1, 2012	(OPTIONAL
effective date is listed, the date must	be specific and cannot be more than fi	ve business days
00 days after the date of filing.)		239

### **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.)

# Abraham Gonzalez 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)