

L12000018294

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01/06/12--01007--034 **185.00

Effective Date 2/5/12

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB - 6 PM 3:04

FEB - 7 2012
T. HAMPTON

663-0111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S& R Pool Care, Limited Liability Company (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:

Jorge Arizmendi, Jr.

Name of Person

S&R Pool Care, LLC

Firm/Company

PO Box 272467

Address

Tampa, FL 33688-2467

City/State and Zip Code

baxter43@aol.com

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

For further information concerning this matter, please call:

Jorge Arizmendi, Jr.

Name of Person

at (**813**) **610-6960**

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

S&R Pool Care
PO Box 272467
Tampa, FL 33688-2467

February 1, 2012

Ms. Tammy Hampton,
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Reference to document number W12000001377, and per our conversation on February 1, 2012, I am refilling S&R Pool Care, LLC's registration to become an LLC.

You should already have the required fee on hand since we originally provided a check for \$185.00 with our original filing.

If you have any questions, feel free to call me at 813-610-6960. Thank you very much for your assistance.

Cordially,



Jorge Arizmendi, Jr

Effective Date 2/5/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S&R Pool Care, ^{LLC} ~~Limited Liability Company (LLC)~~
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12405 Forest Lane Drive

Tampa, FL 33624

Mailing Address:

PO Box 272467

Tampa, FL 33688-2467

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:

Jorge Arizmendi, Jr.

Name

5908 Plummer Slade Court

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

Tampa FL 33625

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

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DIVISION OF CORPORATIONS
12 FEB - 6 PM 3:04

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Steven P. Kelly

12405 Forest Lane Drive

Tampa, FL 33624

MGRM

Patricia J. Arizmendi

5908 Plummer Slade Court

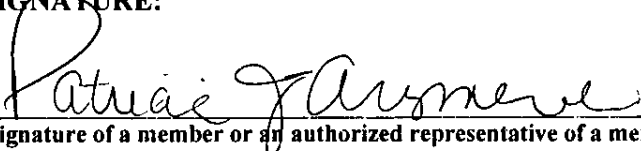
Tampa, FL 33625

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 15, 2012.
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)

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.)

Patricia J. Arizmendi

Typed or printed name of signee