## Florida Department of State

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## FLORIDA LIMITED LIABILITY CO.

## Southern Pools and Spa LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name The name of the Limited Liability Company is: Southern Pools and Spa LLC ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 4297 Mattox Springs Road 4297 Mattox Springs Road Carwille, FL 32427 Caryville, FL 32427 ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are: Kyle J. Sapp 4297 Mattox Springs Road (P.O. Box or Mail Drop Box NOT Acceptable) Caryville, FL 32427 (City / State / 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 Agentil Signature - Kille J. Sapo

SECRETARY OF STATE OF STATE OF COAR GRATIOUS

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

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The name and address of ea	ch Manager or Managing Member is as follows:
Title: "MGR" - Manager "MGRM" - Managing Men	Name and Address:
_MGR	Kyle J. Sapp - 4297 Mattox Springs Road, Caryville, Ft. 32427
MGR	Tiffanie Sapp - 4297 Mattox Springs Road, Caryville, FL 32427
MGR	Edward C. Wright Jr 4297 Mattox Springs Road, Caryville, FL 32427
(Use attachment if necessary REQUIRED SIGNATUR	•
( In a docu	nature of a member or authorized representative of a member.  coordance with section 608.408(3), Florida Statutes, the execution of this ment constitutes an affirmation under the penalties of perjury that the facts d herein are true.)
	16 to 1.00

Typed or printed name of signee

SECRETARY OF STATE
SECRETARY OF