1200042569

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

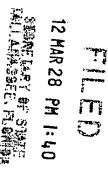
MAR 2 9 2012

EXAMINED



900226128419

03/28/12--01028--012 **130.00



COVER LETTER

TO:	Registration Sec Division of Corp		4			13
SUBJI	ECT: AC	EHOT	TU	B LLO	2 .	
5020		Name of Limi	ited Liabi	lity Company		
				10 00		
		Organization and fee(s) are		-		
Please		ndence concerning this man	_	-		
	Donn	160 A. L)one	2.5		
			Name o	f Person		
	AC	E HOT	TU	B LLC		
			Firm/Co	ompany		
	804	E HOT 1 LAKE	۵.	RIVE :	#20.	2
			Add			
	DOR	4/, F/.	3.	3166		
	# /	Ci	ity/State ar	nd Zip Code	2	
		Dones 3 E-mail address: (to be used	(e) C	M411.	OM	
		•		annuar report nonnes	mon <i>y</i>	
	_	ncerning this matter, pleas				
	OMINGO Name of	Dones Person	at (305) 80 Area Code & Daytin	01-80 ne Telephone N	827 umber
Enclos	sed is a check for	the following amount:				
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	—Cer	5.00 Filing Fee & tified Copy itional copy is enclos	Certi ed) Certi	.00 Filing Fee, ficate of Status & fied Copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Ad Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n rations enter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ACE HOT TUB 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: Mailing Address:
8041 LAKE DR. #202 SAME DORAL, FL. 33166
DORAL, FL. 33166
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:
Daning A. Dones
Domingo A. Dones
8041 LAKE DR. #202
Florida street address (P.O. Box NOT acceptable)
Don 4 / FL 33/6C City, State, and Zip
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

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	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Domingo A. Dones 8041 LAKE Dr. #202 DORAL, FL, 33166
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the of the fective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	20_
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false information constitutes a third degree felony	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
DominGo Typ	od A. Done 5 ed 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)