L12000120895

(Requestor's Name)
(Address)
· .
(Address)
(City (Chata 77 in (Dhana 40)
(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



200239779842

09/20/12--01010--013 **160.00

Effective Date 9/17/12

12 SEP 20 AH IO: 32

SEP 2 1 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: AAA Pool Cleaning Cervice Name of Limited Liability Company	LLC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Randy Lewis Name of Person	·
AAA Puol Cleaning Service L.	LC.
1204 Crimson Clover Ln Address	
Wesley Chapel FL 37547 City/State and Zip Code	
RNK Lewis Go M SN, Com E-mail address: (to be used for future annual report notification)	ation)
For further information concerning this matter, please call:	
Randy Lewis at (\$13) 40 Area Code & Daytin	ne Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	Sed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Cleft Security C	on prations

Tallahassee, FL 32301

Effective Date 9/17/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name	e of th	ne Lin	mited	i L	iability	Compan	y is:		
1 6	,			_			_	, ,	

AAA Pool Cleaning Service LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

1204 Crimson Cloverly 1204 Crimson Clover L Wesley Chapel Wesley Chape)	Principal Office Address:	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	1204 Crimson Clover Li Wesley Chape) FL 33543

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:

Randy Lewis

Name

1204 Crimson (lover Ln

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

Wesley Chape | FL 33543

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Title: "MGR"		Nama and Addrage:
	= Manager	Name and Address:
	I" = Managing Membe	er
_M 9		Randy Levis 1204 / Crimson Clover Ln Was lay Chapel FL 37543
(Use atta	achment if necessary)	
LE V: Iffective of		han the date of filing: 9-17-12 (OPTIONA must be specific and cannot be more than five business day
LE V: Iffective of	Effective date, if other the late is listed, the date is ter the date of filing.) RED SIGNATURE:	
CLE V: I ffective o	Effective date, if other that is listed, the date is listed, the date is ter the date of filing.) RED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.)
LE V: I ffective of	Effective date, if other that is listed, the date is listed, the date is ter the date of filing.) RED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)