L12000133363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2012 OCT 18 AM 11:28

C. LEWIS
OCT 19 2012
EXAMINER

GEORGE B. WALLACE & ASSOCIATES, P.A.
ATTORNEYS AT LAW
700 W. FIRST STREET
SANFORD, FLORIDA 32771

(407) 323-3660 FAX (407) 323-2475

October 15, 2012

Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Articles of Incorporation of Pool Repair LLC

Dear Clerk:

Enclosed please find this firm's trust account check in the amount of $125.00 covering the filing fee for the enclosed Articles of Incorporation

If you have any questions concerning this matter please do not hesitate to contact me.

Very truly yours,

GEORGE B. WALLACE & ASSOC., P.A.

(Typed and forwarded in absence
Of attorney to avoid delay)

George B. Wallace, Esquire

GBW/kl

Enclosures

cc.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Pool Repair 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:

George B. Wallace, Esquire
Name of Person

George B. Wallace & Associates, P.A.
Firm/Company

700 West First St.
Address

Sanford, Florida 32771
City/State and Zip Code

Alyon@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George B. Wallace at (407) 323-3660
Name of Person — 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Pool Repair 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:**
129 Grace Blvd.	P.O. Box 520791
Altamonte Springs, Florida 32714	Longwood, FL 32752

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.)

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The name and the Florida street address of the registered agent are:

Adrian Lyon
Name

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

Altamonte Springs FL 32714
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)

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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	Adrian Lyon 129 Grace Blvd. Altamonte Springs, FL 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/16/12. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)