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SECRETARY OF STATE
TALL AHASSEE FLORIDA

J. Shivers DEC 1 2 2014

COVER LETTER

Division of Corporations
SUBJECT: Jamn Pool Service 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:
Adam Wagner Name of Person
Jamn Pool Service LLC
18990 S. Tamiami Trl. #2
Fort Myers FL 33908 City/State and Zip Code Wagner 1383 @ Yahoo. Com E-mail alidress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
attached S130.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Sec

	LO A 1 & B. Mari V. A. Mari V. A.	OF AUTHORITY		
Pursuant to section (authority:	605.0302(1), Florida Statutes, this li	mited liability company su	bmits the followi	ing statement
FIRST: The name	of the limited liability company is:	Jamn	Pool	Servi
SECOND: The Flo	orida Document Number of the limit	ed liability company is:	- 130000	3723
THIRD: The street	address of the limited liability com	pany's principal office is:	,	
	990 S Tam	iami Tro	a! / #	2
FO	ort Myers	FL 33	3908	
			<u> </u>	
The maili	ing address of the limited liability co		s:	
	Same as	above		
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