

#L13000118088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

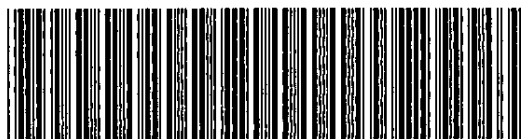
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250756668

08/19/13--01052--008 **155.00

FILED
13 AUG 19 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 21 2013

STONE & GERKEN, P.A.

ATTORNEYS AT LAW

4850 N. Highway 19A

Mount Dora, Florida 32757

(352) 357-0330

Fax (352) 357-2474

Lakeside Office Fax (352) 357-5445

LEWIS W. STONE
SCOTT A. GERKEN

KATRINA THOMAS STONE
KEVIN M. STONE

August 14, 2013

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

Re: **CENTRAL FLORIDA POOL CARE, LLC**

Dear Sirs:

Enclosed please find the original and copy of the Articles of Organization for filing regarding the above-referenced professional limited liability company. Also enclosed is a check in the amount of \$155.00 for the filing fee and certified copy.

Please return the certified copy of the filed Articles to me at the above address.

Very truly yours,


Lewis W. Stone

LWS:cak
Enclosures

ARTICLES OF ORGANIZATION
OF
CENTRAL FLORIDA POOL CARE, LLC

FILED
13 AUG 19 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of this Limited Liability Company is **CENTRAL FLORIDA
POOL CARE, LLC.**

ARTICLE II
DURATION

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

ARTICLE III
PURPOSE

This limited liability company is created for the purpose of transacting all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act as agreed upon by the members.

ARTICLE IV
PLACE OF BUSINESS AND REGISTERED AGENT

The principal place of business of this limited liability company shall be 15842 Chestnut Lane, Tavares, Florida 32778, or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be 15842 Chestnut Lane, Tavares, Florida 32778.

The initial Registered Agent of this limited liability company shall be **DANIEL P. BEARD**, 15842 Chestnut Lane, Tavares, Florida 32778.

**ARTICLE V
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be **Daniel P. Beard** whose address is 15842 Chestnut Lane, Tavares, Florida 32778. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

**ARTICLE VI
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

**ARTICLE VII
AMENDMENTS**

These Articles, except for the vested rights of the members, may be amended from time to time by a two-thirds (2/3) majority in interest of the members, and the amendments shall be filed with the Florida Department of State.

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 13th day of August, 2013.

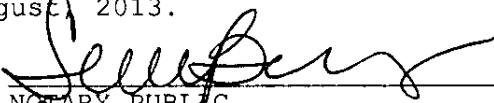


Daniel P. Beard, Manager

STATE OF FLORIDA
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **Daniel P. Beard**, who produced Florida Driver's License as identification or is personally known to me, and who executed the foregoing instrument and she acknowledged before me that she executed the same.

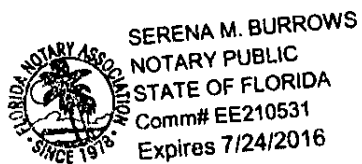
WITNESS my hand and official seal in the County and State last aforesaid this 13th day of August, 2013.



NOTARY PUBLIC
SERENA M BURROWS

Notary Public Printed Name

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following
is submitted, in compliance with said Act:

First - that **CENTRAL FLORIDA POOL CARE, LLC**, desiring to organize
under the laws of the State of Florida with its principal office, as
indicated in the Articles of Organization, at the City of Tavares,
County of Lake, State of Florida, has named **Daniel P. Beard** of 15842
Chestnut Lane, Tavares, Florida 32778, as its agent to accept service
of process within this State.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated Company, at the place designated in this certificate, I hereby
accept to act in this capacity, and agree to comply with the
provisions of said Act relative to keeping open said offices.



Daniel P. Beard, Registered Agent

Sworn to and subscribed before
me this 13th day of August,
2013 by **Daniel P. Beard**.


NOTARY PUBLIC

My Commission Expires:



SERENA M. BURROWS
NOTARY PUBLIC
STATE OF FLORIDA
Comm# EE210531
Expires 7/24/2016