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PICK-UP



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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/07/14--01025--006 \*\*125.00

EFFECTIVE DATE 02-04-14

2014 JUN -7 10:12:34

B. ROSTICK

FEB 10 2014

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ISLAND POOL SURFACE 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:

JUAN A CASTRO

Name of Person

ISLAND POOL SURFACE LLC

Firm/Company

18552 HOLLY RD

Address

FORT MYERS, FL 33967-3327

City/State and Zip Code

CASTRO7048@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A CASTRO

Name of Person

at ( 239 ) 321 9121

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

2014 JUN -7 P 12:34  
JUL 1 2014  
JUL 1 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ISLAND POOL SURFACE, 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:**

18552 HOLLY RD  
FORT MYERS, FL 33967-3327

**Mailing Address:**

18552 HOLLY RD  
FORT MYERS, FL 33967-3327

**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:

JUAN A CASTRO

Name

18552 HOLLY RD

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

FORT MYERS

City

FL 33967-3327

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 605, F.S..*

Juan Castro

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2014 JUN -7 P 12:34  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF S.W.F.

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MANAGER

**Name and Address:**

JUAN A CASTRO

18552 HOLLY RD

FORT MYERS, FL 33967-3327

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02/04/2014 (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.)

**ARTICLE VI:** Other provisions, if any.

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**REQUIRED SIGNATURE:**

Juan Castro

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

JUAN A CASTRO

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)**

FILED  
2014 MAR 7 PM 2:34  
CLERK OF THE COURT  
STATE OF FLORIDA  
TALLAHASSEE