

#/14000036970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

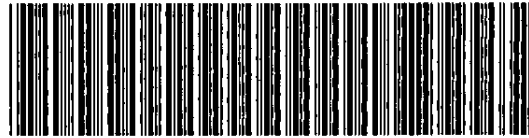
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTIONS PER  
CONVERSATION WITH  
CHRISTOPHER GATES 3/5/2014 KS

Office Use Only



600249822296

09/27/13--01004--027 \*\*160.00

FILED

2014 MAR -5 PM12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

MAR - 5 2014

600249822296  
K. Saly



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2013

CHRISTOPHER GATES  
1301 3RD STREET NORTH  
SAFETY HARBOR, FL 34695

SUBJECT: GATES ENTERPRISES LLC  
Ref. Number: W13000054552

We have received your document for GATES ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

The document number of the name conflict is W12000063573 "GATES ENTERPRISES LLC".

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We **DO NOT** accept letterhead, stationery, envelopes, invoices or mailing labels.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gates Enterprises 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:

**Christopher Gates**

~~AXIOM POOL PRODUCTS LLC~~  
~~Gates Enterprises LLC~~

Name of Person

Firm/Company

~~1301 3rd Street North~~ 1857 CASTLEWOODS DR

Address

~~Safety Harbor, FL 34695~~ CLEARWATER FL 33759

City/State and Zip Code

christopher.gates@me.com

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

For further information concerning this matter, please call:

**Christopher Gates** at **813 352.9811**

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:

AXIDM POOL PRODUCTS 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:

1600 10th Street South Suite 420

Safety Harbor

Florida 34695

#### Mailing Address:

1857 CASTLE WOODS DR.

CLEARWATER, FL

33759

### 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:

Christopher Gates

Name

1857 CASTLE WOODS DR.

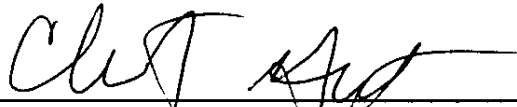
Florida street address (P.O. Box **NOT** acceptable)

CLEARWATER FL 33759

City, State, and Zip

FILED  
2014 MAR -5 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Christopher Gates

1857 CASTLE WOOD DR.

CLEARWATER, FL 33759

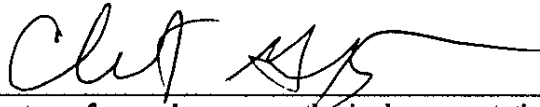
 

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Christopher Gates

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)**