

L140000 58246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

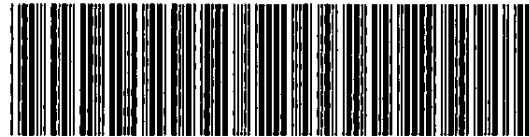
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400258373174

04/07/14--01003--021 **125.00

FILED

2014 APR -7 PM12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOTHER POOL SERVICES 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:

Suely Oliveira

Name of Person

TaxPlace

Firm/Company

1660 W. Hillsboro Blvd

Address

Deerfield Beach, FL 33442

City/State and Zip Code

suely@taxplace.com

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

For further information concerning this matter, please call:

Carlos Mothe

Name of Person

at (561)

Area Code

853-4885

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

Tamarac, FL April 1, 2014

Affidavit

From:
Mother Pool Services, Inc.
Document # P11000009950
FEIN: 27-4722360
Status: Inactive

Voluntary Dissolution Filed: 04/01/2014

To:
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

FILED
2014 APR -7 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern:

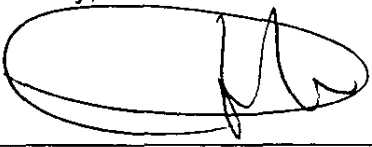
I would like to declare that I am changing my corporation's name.

The new name should be filed as Mother Pool Services LLC.

Attached is a copy of the dissolution for Mother Pool Services, **INC.**
Also, attached are the forms for the registration / Articles of Organization for Mother Pool Services **LLC.**

Please feel free to contact us at any time if you need any further information.

Sincerely,

X 

Carlos Mothe
(561) 853-4885

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOTHER POOL SERVICES 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:

9701 NW 83rd Street
Tamarac, FL 33321

9701 NW 83rd Street
Tamarac, FL 33321

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:

Carlos Mothe
Name

9701 NW 83rd Street
Florida street address (P.O. Box **NOT** acceptable)

Tamarac FL 33321
City 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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2014 APR -7 PM12:21
SEC. CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Carlos Mothe

9701 NW 83rd Street

Tamarac, FL 33321

MGR

Dayse Mothe

9701 NW 83rd Street

Tamarac, FL 33321

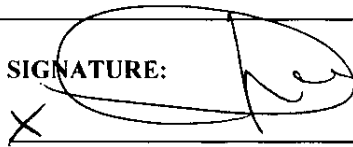
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X 

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.)

CARLOS Mothe

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)