

615000636667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 23 PM 1:45

FILED

J. Shivers FEB 27 2015

February 18, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed please find my submission for incorporating A Splash Above Pool and Spa Service, LLC.

If you have questions, please contact me at the phone number listed below.

Respectfully,

A handwritten signature in black ink, appearing to read 'Rebel Coward', with a stylized, flowing script.

Rebel Coward
38 S Blue Angel Pkwy #240
Pensacola, FL 32506
(850) 375-2328

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A Splash Above Pool and Spa 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:

Rebel Coward

Name of Person

A Splash Above Pool and Spa Service, LLC.

Firm/Company

38 S Blue Angel Pkwy #240

Address

Pensacola FL 32506

City/State and Zip Code

chokorocks777@gmail.com

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

For further information concerning this matter, please call:

Rebel Coward

Name of Person

at (850) 375-2328

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:

A Splash Above Pool and Spa Service, 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:

38 S Blue Angel Pkwy Ste 240
Pensacola, FL 32506

Mailing Address:

38 S Blue Angel Pkwy Ste 240
Pensacola, FL 32506

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:

Rebel Coward

Name

38 S Blue Angel Pkwy Ste 240

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

Pensacola

FL 32506

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)

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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:

Rebel Coward

38 S Blue Angel Pkwy Ste 240

Pensacola, FL 32506

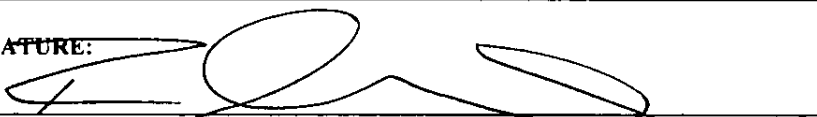
(Use attachment if necessary)

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:



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.)

Rebel Coward

Typed or printed name of signer

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA