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MAR 17 2015 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 1 St Choice (Name of Li	Contracting Pool Services, LLI
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Nicholas J.	MEYER SR. Name of Person
2 st Choice Con	fracting Pool Services, LLC Firm/Company
	S Green Drive # 300 Address
Tampo, Flor	1. ja 33647
1 15+ 01 1	City/State and Zip Code
E-mail address: (to be use	whasting. Com ed for future annual report notification)
For further information concerning this matter, ple	
Name of Person at (8/3 486. 4428 Area Code Daytime Telephone Number 25 25
Enclosed is a check for the following amount:	
☐ \$125.00 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	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
LANGUANNEE, EL. 37.114	ZUOT EXECUTIVE CERREL CATEIE

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
1st Choice Contracting Pool Services LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "ELC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
300 TAMPH FLORIAN 33647 # 300 TAMPH FLORIAN 33647
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:
Name 9222 High And Ridge WAY Florida street address (P.O. Box NOT acceptable)
9222 Highland Ridge WAY
Tam pa FL 33647 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)
(CONTINUED)
(CONTINUED)
Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Nicholas J. MEYER SR 9222 Highland Ridge Way
AMBR	ARRON PAGIEY 33647 315 South Highland Ave Clearwater Floripa 33755
effective date is listed, the date must be spe	of filing: <u>March</u> 15 2015. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
CLE V: Effective date, if other than the date effective date is listed, the date must be spote of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be spote of filing.)	
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 60) constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State

ARTICLE IV-