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SECRETARY OF STATE

TENNO HARSON

COVER LETTER

	egistration Section vision of Corporations	
SUBJECT:	Summers Aq	uatics, LLC
SUBJECT:	Name of Limited Li	ability Company
The enclose	ed Articles of Organization and fee(s) are subm	itted for filing.
	n all correspondence concerning this matter to	-
		Bradway
•	Nam	e of Person
	Summers A	Aquatics, LLC
-	Firm	/Company
	402 NW	/ 10th Ave
-	A	ddress
	Gainesvill	e, FL 32601
	•	e and Zip Code
		y1@gmail.com ed for future annual report notification)
For further i	information concerning this matter, please call:	
Ja	Ack Bradway at (330) Name of Person Area Co	272-3265 Daytime Telephone Number
	Name of Ferson Area Co	de Dayume Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	Certificate of Status C	55.00 Filing Fee & S160.00 Filing Fee, certified Copy tional 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

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:					
	Summers	Aquatics, LL	С			
(1	Must end with the words "I	 		or "LLC.")		
ARTICLE II - Addre The mailing address ar	ss: nd street address of the princ	cipal office of the L	imited Liability C	ompany is:		
Principal Office Add	ress:	Mailing Address:				
402 N	W 10th Ave		402 NW 10th	Ave		
Gainesv	ille, FL 32601	<u></u>	Gainesville, FL	32601		
(The Limited Liability another business entity	tered Agent, Registered C Company cannot serve as it with an active Florida region ida street address of the region Jac	ts own Registered Aistration.)			15 MAR	Charactery of the state of the
		NW 10th Ave		-11 121 -11 121	P	
	Florida street address (P.	O. Box <u>NOT</u> accep	table)	, 95	Ţ.,	A contract of
	Gainesville	FL	32601	IDA DA	Ž	
	City		Zip			
the place designate capacity. I further as	1	accept the appoint visions of all statutes	ment as registered s relating to the pro ny position as regis	agent and agree to oper and complete	o act ii perfor	n this rmance

Page 1 of 2

<u>[itle:</u> 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager	
AMBR	Jack Bradway
	402 NW 10th Ave
	Gainesville, FL 32601
AMBR	MATT SUMMERS
	465 SW 129 M TERRICE
	NEWberry F1. 32669
AMBR	/
MDK	
	 1
	<u> </u>
Use attachment if necessary)	<u>ගුන්</u>
	171~~
	_ •
EV: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	of filing: 3 9 15 (OPTIONAL)
ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any.	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99
ctive date is listed, the date must be spec f filing.)	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99
CVI: Other provisions, if any. EVI: Other provisions, if any. Signature of a pien (In accordance with section 6 constitutes an affirmation un I am aware that any false info	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99 noter or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State
CVI: Other provisions, if any. EVI: Other provisions, if any. Signature of a pien (In accordance with section 6 constitutes an affirmation un I am aware that any false info	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99 nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
CVI: Other provisions, if any. EVI: Other provisions, if any. Signature of a pien (In accordance with section 6 constitutes an affirmation un I am aware that any false info	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99 mber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.) Jack Bradway
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Signature of a pien (In accordance with section 6) constitutes an affirmation un I am aware that any false infe constitutes a third degree felo	of filing: 3 9 15 (OPTIONAL) cific and cannot be more than five business days prior to or 99 mber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.) Jack Bradway