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Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 627-6383

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305) 769-4936
Fax Number : (305) 769-1844

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ACCOUNTAXSERVICE@BELLSOUTH.NET

**FLORIDA LIMITED LIABILITY CO.
LEON POOL SERVICE, LLC.**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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15 APR 22 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

FILED
15 APR 22 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

↓ Strivers APR 23 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is:

LEON POOL SERVICE, LLC.

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **705 LENOX AVE APT 9-A, MIAMI BEACH FL 33139**

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**JESUS D LEON PEREIRA
705 LENOX AVE APT 9-A
MIAMI BEACH, FL 33139**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

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ARTICLE IV:

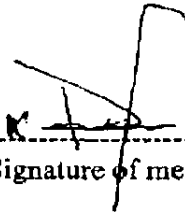
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

AMBR

JESUS D LEON PEREIRA
705 LENOX AVE APT 9-A
MIAMI BEACH, FL 33139



Signature of 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.)

JESUS D LEON PEREIRA

Typed or printed name of signee.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 22 AM 8:28

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