

L15000146394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

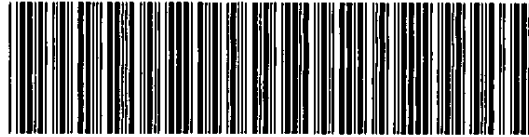
(Document Number)

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Special Instructions to Filing Officer:

~~WHS-55214~~

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08/10/15--01006--024 \*\*155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 AUG 28 PM 4:30

APPROVED  
AND  
FILED

1/4

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Always Blue Pools (Semper Hyacintho Stagna), 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:

Will S Twigg

Name of Person

Always Blue Pools (Semper Hyacintho Stagna)

Firm/Company

114 Morgate Circle

Address

Royal Palm Beach, Florida 33411

City/State and Zip Code

willstwigg@yahoo.com

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

For further information concerning this matter, please call:

Will S Twigg

561

507-4281

at ( )

Name of Person

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**

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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2015

WILL S TWIGG  
114 MORGATE CIRCLE  
ROYAL PALM BEACH, FL 33411

SUBJECT: ALWAYS BLUE POOLS (SEMPER HYACINTHO STAGNA), LLC  
Ref. Number: W15000055214

We have received your document for ALWAYS BLUE POOLS (SEMPER HYACINTHO STAGNA), LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

You can only use one translation "ENGLISH or SPANISH" for the entity name.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00017346

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 AUG 28 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Always Blue Pools By Will, 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:**

114 Morgate Circle

Royal Palm Beach, FL 33411

**Mailing Address:**

114 Morgate Circle

Royal Palm Beach, FL 33411

**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:

Will S Twigg

Name

114 Morgate Circle

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

Royal Palm Beach

Florida

33411

City

State

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)

APPROVED  
AND  
FILED

15 AUG 20 PM 4:30

SECRETARY OF STATE  
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:**

Ana M Twigg

114 Morgate Circle

Royal Palm Beach, FL 33411

Owner/President

Will S. Twigg

114 Morgate Circle

Royal Palm Beach, FL 33411

(Use attachment if necessary)

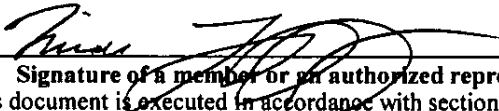
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Will S Twigg

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)