

L 15000189345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

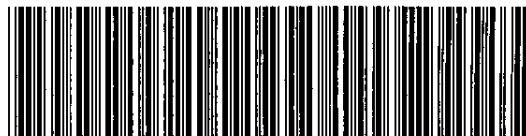
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800276428368

08/28/15--01009--019 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV - 5 PM 1:48

FILED

11/10/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scotts Pool Table Pros 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:

Scott Rabold

Name of Person

Scotts Pool Table Pros

Firm/Company

7115 Meli Ct

Address

Port Richey FL 34668

City/State and Zip Code

pltabldude@msn.com

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

For further information concerning this matter, please call:

Scott Rabold

814

312-6272

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

15 NOV -5 PM 5:44
TALLAHASSEE, FLORIDA

FILED
15 NOV -5 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2015

SCOTT RABOLD
7115 MELI CT
PORT RICHEY, FL 34668

SUBJECT: POOL TABLE PROFESSIONALS LLC
Ref. Number: W15000059237

We have received your document for POOL TABLE PROFESSIONALS LLC and your check(s) totaling \$125.00. 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 is not distinguishable from the name of an administratively dissolved or revoked business entity which has a reinstatement application pending on our records. Please select a new name or add one or more major words to the current name to make it distinguishable.

The document number of the conflict is L11000043080.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 815A00018920

FILED
15 NOV - 5 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scotts Pool Table Pros LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED

15 NOV -5 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

7115 Meli Ct
Port Richey Fl 34668

7115 Meli Ct
Port Richey Fl 34668

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:

Scott Rabold

Name

7115 Meli CT

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

Port Richey

Fl

34668

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)

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:

Scott Rabold

7115 Meli Ct

Port Richey Fl 34668

AMBR

Donna Rabold

7115 Meli Ct

Port Richey Fl 34668

(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.

Scott Rabold

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)