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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ac | dress) | ···· |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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POLICY OF ANY STATES

COVER LETTER...

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SPARKling Brite Pool SErvice 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: |
| Rober Wilson Hubbell Name of Person |
| SPARKling Brite Pall Service LLC Firm/Company |
| 11174 SUNSET RidgE CirclE Address |
| Boynton BEACH FL 33473 |
| City/State and Zip Code Hubbek 286 Hotm Ail, Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$ Certificate of Status S155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section New Filing Section New Filing Section |

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

| SPARKling Brite Pools | UC |
|--|--------------------------------------|
| (Must end with the words "Limited Lia | bility 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: | Mailing Address: |

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

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

Rame

11144 GUNSET RIOGE CIRCLE

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

Goynton BEAch FL. 33473

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)

Page 1 of 2

16 JUN 10 AM 2: 23

| Title: | Name and Address: |
|--|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | 166ER W. HubbEll |
| | 11124 SUIDET RINGE CICCLE BOYNTON BEACH FL 33973 |
| | BOYHOA BEACH FL 33473 |
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| LE V: Effective date, if other than the ective date is listed, the date must b | date of filing: $6 - 7 - 2016$ (OPTIONAL) e specific and cannot be more than five business days prior to or 90 |
| rective date is listed, the date must be of filing.) If the date inserted in this block does in the department's effective date on the Department. | e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no |
| rective date is issted, the date must be of filing.) If the date inserted in this block does is turnent's effective date on the Department's CLE VI: Other provisions, if any. REOUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will no nent of State's records. |
| rective date is listed, the date must be of filing.) If the date inserted in this block does a nument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of | not meet the applicable statutory filing requirements, this date will no nent of State's records. A member or an authorized representative of a member. |
| rective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date of the Department's effective date of the Department's effective date on the Department's effective date of t | a member or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State |
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| receive date is listed, the date must be of filing.) If the date inserted in this block does a sment's effective date on the Department's effective date of | not meet the applicable statutory filing requirements, this date will not ment of State's records. a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. |
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