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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: All American Pool Co. Of Central Flonida, 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:
Douglas A. Huffman Name of Person
All American Pool Co. of Central Florida, LLC Firm/Company
12736 G: Ilnad Rd. Address
City/State and Zip Code dah Sails @ GMail. 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:
\$130.00 Filing Fee & S130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end wi	th the words "Limited Liabili	. OF C ← ~ ty Company, "L.I	tral Florida	a, LLC	
ARTICLE II - Address: The mailing address and street add	lress of the principal office of	the Limited Liabi	lity Company is:		
	Office Address:		Mailing Address:		
12736 6: Winter 6	MARY Rd.		SAME		
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own Registe			ual or	
The name and the Florida street ad	ldress of the registered agent a	ire:			
	Douglas A	HUF	FMAN		
	Name	!			
	12736 G: \\\ Florida street address (P.O.)	Aad Rd.			
(winter GARden City S	, FI,	7877		
	City S	tate	Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the provam familiar with and accept the oblig	hereby accept the appointmen visions of all statutes relating to	t as registered age o the proper and c tered agent as pro	ent and agree to act in thi complete performance of i vided for in Chapter 605,	s capacity. I	
	(CON	TINUED)		,:****** !	
	P	ege 1 of 2			16 III 70 AF

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	MGR Douglas A. Huffman 12736 Gillard Rd. Winter Garden, Fl 34787
	MGR JACOB T. HUFFMAN 12736 G: Mand Rd. Winter Graden, Fl 3478.
	
(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 da oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE V: Effective date, if other the flective date is listed, the date is of filing.)	oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block turnent's effective date on the D LE VI: Other provisions, if any.	oes not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block turnent's effective date on the D LE VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.
LE V: Effective date, if other the fective date is listed, the date is effiling.) If the date inserted in this block turnent's effective date on the D LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This documer I am aware the constitutes a time.	oes not meet the applicable statutory filing requirements, this date will not be partment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)