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SECRETARY OF STATE
TALLAHASSEE, FL 32307

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XXX Pool Repairs & Services, 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:

Shirnette Blaine-Tarpeh

Shirnette Blaine-Tarpeh
Name of Person

D-CAM Accounting Tax and Financial Services

Firm/Company

9165 NW 1 Street

Address

Pembroke Pines, FL 33024

City/State and Zip Code

shirnette@comcast.net

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

For further information concerning this matter, please call:

Shirnette Blaine-Tarpeh

954

548-4711

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

**ARTICLES OF ORGANIZATION
OF
XXX POOL REPAIRS & SERVICES, LLC**

ARTICLE I

The name of the Limited Liability Company is **XXX Pool Repairs & Services, LLC.**

ARTICLE II

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

Principal Office Address

26 Wimbledon Lakes Drive
Plantation, FL 33324

Mailing Address

26 Wimbledon Lakes Drive
Plantation, FL 33324

ARTICLE III

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

D-CAM Accounting Tax & Financial Services
9165 NW 1 Street
Pembroke Pines, FL 33024

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 in this Chapter 605, F.S.

D-CAM Accounting Tax & Financial Services

By: Shirnette Blaine-Tarpeh
Shirnette Blaine-Tarpeh

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TALLAHASSEE, FLORIDA

ARTICLE IV

The name and address of each person authorized to manage and control the **XXX Pool Repairs & Services, LLC**:

German Briceno
Authorized Member, AMBR
26 Wimbledon Lakes
Plantation, FL 33324

Lorena Briceno
Authorized Member, AMBR
26 Wimbledon Lakes Drive
Plantation, FL 33324

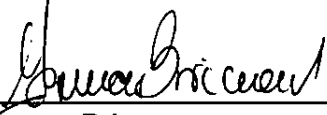
ARTICLE V

The effective date for this Limited Liability Company shall be September 15, 2016.

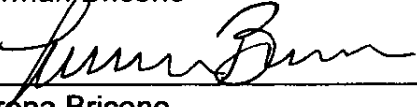
ARTICLE VI

The purpose for organizing **XXX Pool Repairs & Services, LLC** is to provide excellent pool repairs and services within the State of Florida and to conduct any and all legal purposes for the development, growth and profitability of this entity.

Authorized Members



German Briceno



Lorena Briceno

I am an authorized member submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1, and May 1, in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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