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N. SAMS SEP 22 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2016

CHARLES A CRIBBS 522 13TH AVENUE NORTH JACKSONVILLE, FL 32250

SUBJECT: SOUTHERN ELEGANCE POOLS,LLC

Ref. Number: W16000063875

2016 SEP -9 AM 10: 55

We have received your document for SOUTHERN ELEGANCE POOLS,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 person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

www.sunbiz.org

Letter Number: 116A00019740

## **COVER LETTER**

	egistration Section vision of Corporations
SUBJECT	SOUTHERN ELEGANCE POOLS, LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	CHARLES A CRIBBS
	Name of Person
	Firm/Company
	522 13TH AVENUE NORTH
	Address
	JACKSONVILLE BEACH, 32250
;	City/State and Zip Code ashpooldzine@msn.com
-	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	ASHLEY CRIBBS 904 626-4232 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SOUTHERN ELEGANCE POOLS, LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
522 13TH AVENUE NORTH	522 13TH AVENUE NORTH
JACKSONVILLE BEACH, FL 32250	JACKSONVILLE BEACH, FL 32250
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	t are:
CHARLES ASHLEY CRI	BBS
Nan	ne
522 13TH AVENUE NOR	ктн
Florida street address (P.C	D. Box <u>NOT</u> acceptable)
JACKSONVILLE BCH	FL 32250

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

BECRUTARY OF STATE

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.  CHARLES A. CRIBBS  Typed or printed name of signee	Title:		Name and Address:	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  SEPTEMBER 1, 2016  (OPTIONAL)  fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not ament's effective date on the Department of State's records.  LE 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.  CHARLES A. CRIBBS  Typed or printed name of signee				
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