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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	Aqua Marine Pool & Property		
	Name	of Limited Lia	bility Company
The end	closed Articles of Organization and fee	(s) are submitt	ed.for filing.
Please r	eturn all correspondence concerning the	nis matter to the	e following:
	Justin Eric Brazier		
		Name	of Person
	Aqua Marine Pool & Property		
		Firm/C	Company
	4357 Althea Way		
		Add	Iress
	Palm Beach Gardens, FL 33410		
	info@aquamarinepoolandproperty.c	City/State a	nd Zip Code
	E-mail address: (to be t	used for future	annual report notification)
For further	r information concerning this matter, pl		
	Justin Eric Brazier	561	603-4150
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$ 125.00 }		Certifi	20 Filing Fee & S160.00 Filing Fee, ed Copy 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Aqua Marine Pool & Property, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4357 Althea Way

Palm Beach Gardens, FL 33410

4357 Althea Way

Palm Beach Gardens, FL 33410

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:

The General Ledger of the Palm Beaches, Inc.

Name

5646 Corporate Way

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

West Palm Beach FL

City

State

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. Thereby 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 (REQUIREN

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Men	ber
"MGR" = Manager MGR	Justin Brazier
	4357 Althea Way
	Palm Beach Gardens, FL 33410
MGR	Larissa Brazier
	4357 Althea Way
	Palm Beach Gardens, FL 33410
	
(Use attachment if necessary	nan the date of filing: 1/4/2018 (OPTIONAL)
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.)	man the date of filing: 1/4/2018 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days at c does not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the I	man the date of filing: 1/4/2018 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days af c does not meet the applicable statutory filing requirements, this date will not be liste Department of State's records.
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block ocument's effective date on the I	man the date of filing: 1/4/2018 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed be department of State's records.
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ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block occument's effective date on the ICLE VI: Other provisions, if any REQUIRED SIGNATURE Signat This document I am aware the seffective date.	man the date of filing: 1/4/2018 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days at a does not meet the applicable statutory filing requirements, this date will not be listed
ICLE V: Effective date, if other to effective date is listed, the date ate of filing.) If the date inserted in this block occument's effective date on the ICLE VI: Other provisions, if any REQUIRED SIGNATURE Signate I am aware to constitutes a	must be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed because of a member or an authorized representative of a member. The introduced in accordance with section 605.0203 (1) (b), Florida Statutes, and any false information submitted in a document to the Department of State.

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

ARTICLE IV-