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(Address)

(City/State/Zip/Phone #)

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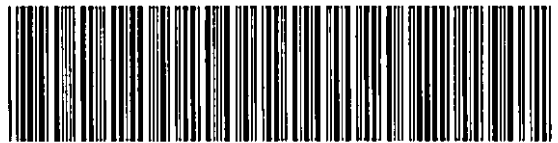
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUL 19 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUL 26 2018

W18-62382



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 9, 2018

MARY G STEWART, CPA, P.A.

2886 TAMIAMI TRAIL #10
PORT CHARLOTTE, FL 33952

SUBJECT: VETERAN POOL CARE LLC
Ref. Number: W18000062382

We have received your document for VETERAN POOL CARE LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for a Limited Liability Company is \$125.00. However, only \$70.00 was received. Please submit the remaining \$55.00.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 418A00014044

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: VETERAN POOL CARE LLC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARY G STEWART, CPA, P.A.

Name (Printed or typed)

2886 TAMIAMI TRAIL #10

Address

PORT CHARLOTTE, FL 33952

City, State & Zip

941-258-3191

Daytime Telephone number

Mary@PtCharlotteCPA.com

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

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION
OF
VETERAN POOL CARE LLC**

FILED
18 JUL 19 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1 – NAME

The name of the Limited Liability Company is VETERAN POOL CARE LLC, (hereinafter referred to as "Limited Liability Company").

ARTICLE 2 – ADDRESS

The mailing address and street address of the principal office of this Limited Liability Company shall be:

1292 MOHAWK DR.
PORT CHARLOTTE, FL 33952

ARTICLE 3 – REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the registered agent of this Limited Liability Company is:

MATTHEW ROBERTS
1292 MOHAWK DR.
PORT CHARLOTTE, FL 33952

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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 608, F.S.

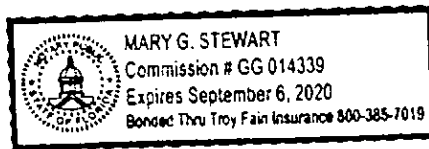
By: 
MATTHEW ROBERTS, Registered Agent

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me this 26 day of June, 2018 by
MATTHEW ROBERTS.

Personally Known ✓ OR Produced Identification _____
Type of Identification Produced _____

Mary G Stewart
Notary Signature



ARTICLE 4 – TITLE, NAME, AND ADDRESS OF ALL MANAGING
MEMBERS

MATTHEW ROBERTS, MGRM
1292 MOHAWK DR.
PORT CHARLOTTE, FL 33952

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By [Signature]
MATTHEW ROBERTS, Organizing Member

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