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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| C | OVERLETTER | |
|---|--|---|
| TO: New Filing Section Division of Corporations | | 19 JUL 11 21 8: [h |
| | ZALES POOL SEE | WILE LLC |
| The enclosed Articles of Organization and fee(s) | are submitted for filing. | • |
| Please return all correspondence concerning this | matter to the following: | |
| TULDO | CANIZALE 5 Name of Person | |
| | | |
| TIVLIO CANIZ | ALES POOL SE | EVICE II |
| | Firm/Company | |
| | | |
| & WEDGE | LANE | |
| | Address | |
| PAUM COAST | FLOTEIDA 32161 City/State and Zip Code | 4 |
| | | |
| - TULIOCCANIZALESQ | | |
| E-mail address: (to be us | ed for future annual report notification |) |
| For further information concerning this matter, ple | ase call: | |
| TIVLIO CANIZALES #1 | 386 , 986-0022 | - |
| Name of Person | Area Code Daytime Telephone N | lumber |
| Enclosed is a check for the following amount: | | |
| \$125.00 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 | Street Address | |
| New Filing Section | New Filing Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | 3 |
| Tallahassee, FL 32314 | 2661 Executive Center C | Circle . |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19 JUL 11 ad 2: 14

ARTICLE I - Name:

The name of the Limited Liability Company is:

| JULIO CANIZALES POOL | SERVICE LLC |
|--|--|
| (Must contain the words "Limited Liability Con | npany, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the L | imited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 8 WEDGE LANE PAUN COAST, FL 32164 | 8 WEDGE LANE PALM COAST FL 32164 |
| ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agenther business entity with an active Florida registration.) | d Agent's Signature: Agent. You must designate an individual or |
| The name and the Florida street address of the registered agent are: | |
| TULIO C. CI Name B WEDGE L | HIZALTS. |
| Name | |
| B WEDGE L | ANE |
| Florida street address (P.O. Box | NOT acceptable) |
| PALM COAST FL City State | - 32164 |
| City State | Zıp |
| Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered | registered agent and agree to act in this capacity. I proper and complete performance of my duties, and I |
| Registered Agent's | CANDE |
| Registered Agent's | Signature (KEOUIKED) |

(CONTINUED)

| Title: "AMBR" = Authorized Member | nuthorized to manage and control the Limited Liability. Company: Name and Address: |
|--|---|
| "MGR" = Manager " M C L \' | B WEDGE LANE PALON COAST FL 32164 |
| | PALON CONST, FL 32164 |
| | |
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| • | to of Sting AVGUST 1 2019 (OPTIONAL) |
| ective date is listed, the date must be so filing.) The date inserted in this block does not ment's effective date on the Departmen | te of filing: AUGUST, \ \ 2019 \ . (OPTIONAL) specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not of State's records. |
| LE V: Effective date, if other than the data fective date is listed, the date must be s of fifting.) If the date inserted in this block does not iment's effective date on the Department | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no |
| LE V: Effective date, if other than the data fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: | specific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not of State's records. |
| LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: | expecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not of State's records. |
| LE V: Effective date, if other than the data fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material transfer of the document is exected a material transfer of the degree of the data of the d | meet the applicable statutory filing requirements, this date will not of State's records. CANAL member or an authorized representative of a member. set information submitted in a document to the Department of State of State felony as provided for in s.817.155, F.S. |
| LE V: Effective date, if other than the data fective date is listed, the date must be so of filing.) If the date inserted in this block does not ament's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a material transfer of the document is exected a material transfer of the degree of the data of the d | meet the applicable statutory filing requirements, this date will not of State's records. CANNOL member or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)