

L1900214726**Transmission Report**Date/Time
Local ID 108-21-2019
2396439810

11:31:52 a.m.

Transmit Header Text
Local Name 1

GRANTLAW PA

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000250061 3)))



H19000250061300V

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : GRANTLAW, P.A.
Account Number : 102603003131
Phone : (239) 280-5203
Fax Number : (239) 643-9810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: nicolepapa@george@yahoo.com

FLORIDA LIMITED LIABILITY CO.
STAHLMAN COMPLETE POOL SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.snbiz.org/scripts/efilecovr.exe>

8/21/2019

Total Pages Scanned : 3

Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	767	850-617-6381	11:29:06 a.m. 08-21-2019	00:02:17	3/3	1	G3	HS	CP9600

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

N CULL

AUG 20, 2019

"Please see
Back Date
TO ORIGINATING
FAX Date
of 8/21/19"

2019 AUG 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL

((H19000250061 3)))

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
NAME

The name of the Limited Liability Company is:

STAHLMAN COMPLETE POOL SERVICES, LLC

ARTICLE II
ADDRESS

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

Principal Office:
3042 Driftwood Way, #4804
Naples, FL 34109

Mailing Address:
3042 Driftwood Way, #4804
Naples, FL 34109

ARTICLE III
DURATION

The period of duration for the Limited Liability Company shall be indefinite.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by Managing Members and the name and address of such Managing Members are:

Nicole Paff
3042 Driftwood Way, #4804
Naples, FL 34109

David Stahlman
3042 Driftwood Way, #4804
Naples, FL 34109

ARTICLE V
ADMISSION OF ADDITIONAL MEMBERS

Upon unanimous approval by the Members, the Company is authorized to issue additional Units in the Company and to admit Additional Members to the Company.

2019 AUG 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL

((H19000250061 3)))

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE VII
REGISTERED AGENT

The name and address of the registered agent is:

Jeffrey R. Grant, Esq.
GRANTLAW, P.A.
3400 Tamiami Trail N., Suite 201
Naples, FL 34103

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 605.0113, Florida Statutes.

REGISTERED AGENT:



Jeffrey R. Grant

These Articles are executed this 21 day of August, 2019 by the undersigned Initial Member of STAHLMAN COMPLETE POOL SERVICES, LLC, pursuant to Section 605.0203(1)(b) of the Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MANAGING MEMBER:



NICOLE PAFF

((H19000250061 3)))

2019 AUG 21 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FL