

**L20000183898**

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.**

((H20000186347 3)))



H200001863473ABC+

**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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

FILED  
2020 JUN 18 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BLUE MAGIC POOLS & SPA. LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 JUN 18 PM 1:47

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – Name:**

The name of the Limited Liability Company is:

**BLUE MAGIC POOLS & SPA, LLC**

**ARTICLE II: Address**

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

**Principal Office Address: Mailing Address:**

11821 SW 168 TER  
Miami, FL 33177-2172

**ARTICLE III: Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

GUSTAVO MENDEZ  
11821 SW 168 TER  
Miami, FL 33177-2172

*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 in Chapter 605, F.S.*



Registered Agent's Signature

Page 1 of 2

**ARTICLE IV: Manager(s) or Managing Member(s)**

The name and address of each manager or Managing Member is as follows:

FILED  
2020 JUN 18 AM 9:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Title: Name and Address:**

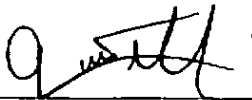
Manager Gustavo Mendez.  
11821 SW 168 TER  
Miami, FL 33177-2172

FILED  
2020 JUN 18 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than date of filing: June 17, 2020.

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**SIGNATURE:**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(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  
I am aware that my 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.)

GUSTAVO MENDEZ

Typed or printed name of signee