

L20000237640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Document Number)

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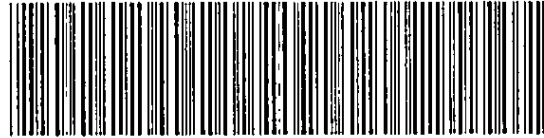
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2020 AUG 14 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

AUG 17 2020

K. Brumley

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: MEISER POOLS, LLC.**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY A. FOX, ESQ.

\_\_\_\_\_  
Name of Person

FOX & FOX, P.A.

\_\_\_\_\_  
Firm/Company

2515 COUNTRYSIDE BLVD., SUITE G

\_\_\_\_\_  
Address

CLEARWATER, FLORIDA 33763

\_\_\_\_\_  
City/State and Zip Code

GREG@FOXLAWS.COM

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

For further information concerning this matter, please call:

PAULA FAKIOLAS

727

796-4556

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 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**

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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

\*Return  
to  
Mary Green  
850-597  
0234

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEISER POOLS, LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

200 2ND AVENUE S  
UNIT# 811  
ST. PETERSBURG, FLORIDA 33701

Mailing Address:

200 2ND AVENUE S  
UNIT# 811  
ST. PETERSBURG, FLORIDA 333701

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.)

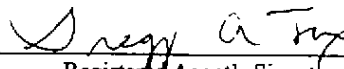
The name and the Florida street address of the registered agent are:

GREGORY A. FOX, ESQ.  
Name

2515 COUNTRYSIDE BLVD/, SUITE G  
Florida street address (P.O. Box **NOT** acceptable)

|                   |                |              |
|-------------------|----------------|--------------|
| <u>CLEARWATER</u> | <u>FLORIDA</u> | <u>33763</u> |
| City              | State          | Zip          |

*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, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2023 AUG 14 AM 11:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

JAMES M. DAVID MEISER  
200 2ND AVENUE S, UNIT #8111  
ST. PETERSBURG, FLORIDA 33701

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

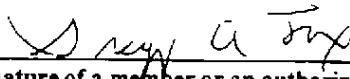
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any 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.

GREGORY A. FOX, ESO.

Typed or printed name of signee

**Filing Fees:**

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