

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
 Account Number : 104512000707
 Phone : (305)803-2736
 Fax Number : (305)646-1527

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

Email Address: _____

2020 OCT 22 AM 8:11

FILED
2020 OCT 22 AM 8:34
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
FERNANDO POOL SERVICE, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

OCT 23 2020
T. SCOTT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FERNANDO POOL SERVICE, 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:

19780 S.W. 177 AVENUE
#183
MIAMI, FL. 33187

Mailing Address:

19780 S.W. 177 AVENUE
#183
MIAMI, FL. 33187

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:

FERNANDO BARRERA

Name

19780 S.W. 177 AVE. #183

Florida street address (P.O. Box NOT acceptable)

MIAMI

FL

33187

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..

F

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

FERNANDO BARRERA
19780 S.W. 177 AVENUE #183
MIAMI, FL. 33187

(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.

FERNANDO BARRERA

Typed or printed name of signer

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)