

L21000151822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

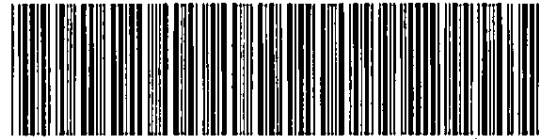
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FILED

# MICHAEL S. TEAL, P.A.

Michael S. Teal  
*Attorney at Law*

333 E. New York Avenue, Suite A  
DeLand, Florida 32724

Telephone: (386) 738 - 3400  
Facsimile: (386) 738 - 4800  
Email: office@mstealpa.com

March 9, 2021

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

Re: Ocean Blue Pools, L.L.C. – New Filing

Enclosed is Cover Letter, Articles of Organization for Florida Limited Liability Company, together with one copy thereof, and this firm's check in the amount of \$130.00, covering the Filing Fee and Certificate of Status, for the above captioned new filing.

Thank you for your assistance in this matter.

Very truly yours,



Michael S. Teal  
MST/nae  
Enc.

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COVER LETTER

TO: New Filing Section  
Division of Corporations

**COPY**

SUBJECT: OCEAN BLUE POOLS, L.L.C.  
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:

Michael S. Teal

Name of Person

Michael S. Teal, P.A.

Firm/Company

333 East New York Avenue, Suite A

Address

DeLand FL 32724

City/State and Zip Code

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

For further information concerning this matter, please call:

Lawrence D. Drumb      386      717-7563  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OCEAN BLUE POOLS, L.L.C.

(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:

Mailing Address:

1640 No. Richland Avenue  
DeLand FL 32724

1980 W. Kentucky Avenue  
DeLand FL 32720

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:

LAWRENCE D. DRUMB

Name

1980 W. Kentucky Avenue

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

DeLand

FL

32720

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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**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

Lawrence D. Drumb  
1980 W. Kentucky Avenue  
DeLand FL 32720

AMBR

Zachary L. Drumb  
1980 W. Kentucky Avenue  
DeLand FL 32720

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

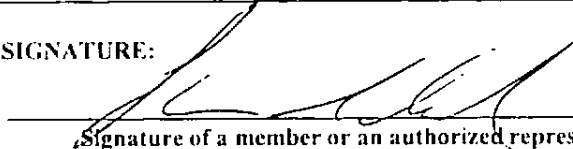
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

Lawrence D. Drumb

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)