L 21000232607

| (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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2671 App. 12 - ph. 15 i. a

COVER LETTER

| TO: New Filing Section Division of Corporations | 227/12/12/09/19 |
|--|-------------------------|
| SUBJECT: ROYAL Blue 2001 and Outdoor Name of Limited Liability Company | or Solutions LLC |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| VILLOR Educato Peguero Name of Person | Montilla |
| Royal Blue pool and outdoor Firm/Company | SOLUTIONS LLC. |
| 14424 SW 89th Street | · |
| Mami Florida, 33194 City/State and Zip Code Poolroyal blue @ G Mail. Co E-mail address: (to be used for future annual report no | |
| For further information concerning this matter, please call: | |
| Name of Person Area Code Daytime Tele | ephone Number |
| Enclosed is a check for the following amount: | |
| □\$125,00 Filing Fee □\$130,00 Filing Fee & □\$155,00 Filing Fee Certificate of Status Certified Copy (additional copy is enclose | Certificate of Status & |

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: | |
|--|--|
| Phoyal Blue pool and Outdoor (Must contain the words "Limited Liability Co | Solutions U.C. Ompany, "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: |
| 14924 Sw 89th Street Miami, Florida, 33196 | Mami, Florida, 33946 |
| ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agent are: | |
| IPM Pool and and Name | SPA Senvice inc. |
| 15251 SW 173rd | in |
| Florida street address (P.O. Box | NOT acceptable) |
| <u>Miani</u> Floi | rida 33187. |
| City State | Zip |
| Having been named as registered agent and to accept service of proce place designated in this certificate. I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered. Registered Agent | registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and l |

(CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | Uldor Plyvero Montilla 1335 68th St APF 209 Hickenh, Florida, 33014 |
| AMBR | Muria Montilla 14750 SW (etnd St Miami, FL, 331503 |
| | |
| | |
| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be the date of filing.) | ate of filing: 04-09-2021 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as and of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | / N |
| | Visto All |
| This document is exe I am aware that any fa | member or an authorized representative of a member, cuted in accordance with section 605,0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817,155, F.S. |
| ^ | Victor Peguero Typed or printed name of signee |
| | Filing Fees: |

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

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

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)