

L22000110387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

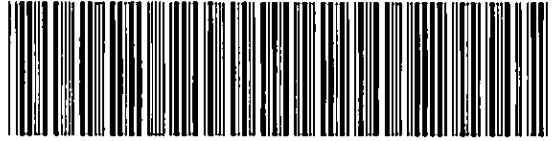
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SEPTEMBER 17 2022  
TALLAHASSEE, FL

2022 MAR 17 AM 9:23

FILED

2022 MAR 17 PM 1:15

**COVER LETTER**

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

**SUBJECT:** POOL FOR LIFE 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:

Jorge Arvelo

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

Arvelo Accounting and Consulting Group, Inc.

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

6710 Main Street, Suite 233

\_\_\_\_\_  
Address

Miami Lakes, FL 33014

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

jarvelo@numbersontime.com

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

For further information concerning this matter, please call:

Jorge Arvelo

786

594-3944

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:

POOL FOR LIFE 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:

6710 Main Street  
Suite 233  
Miami Lakes, FL 33014

Mailing Address:

6710 Main Street  
Suite 233  
Miami Lakes, FL 33014

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:

Arvelo Accounting and Consulting Group, Inc.  
Name  
6710 Main Street, Suite 233  
Florida street address (P.O. Box **NOT** acceptable)  
Miami Lakes Florida 33014  
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..*

*George Arvelo*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DD

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAR 17 AM 9:23

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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:**

AMBR

Luis Sebastian Gabrielle

6710 Main Street, Suite 233

Miami Lakes, FL 33014

AMBR

Maria Mercedes Gabrielli

6710 Main Street, Suite 233

Miami Lakes, FL 33014

MGR

Mario Gonzalez Gabrielli

6710 Main Street, Suite 233

Miami Lakes, FL 33014

MGR

Julietta Pedrosa

6710 Main Street, Suite 233

Miami Lakes, FL 33014

(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.

MERCEDES GABRIELLI

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)