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incserv

ORDER FORM

TO   Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM   Melissa Moreau
mmoreau@incserv.com

850.656.7953

REQUEST DATE 3/18/2022   **PRIORITY** Regular Approval   **OUR REF # (Order ID#)** 1020322

ORDER ENTITY
VISTA POOL ROUTES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
   VISTA POOL ROUTES LLC   (FL)

Please file the attached articles and provide a certificate of status.

NOTES:
$130.00 Authorized
Email address for annual report reminders: dellavedova.cj@gmail.com

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

VISTA POOL ROUTES 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:	**Mailing Address:**
5218 STATION WAY	5218 STATION WAY
SARASOTA FL 34233	SARASOTA FL 34233

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:

CRAIG DELLA VEDOVA
_____
Name

5218 STATION WAY
_____
Florida street address (P.O. Box **NOT** acceptable)

SARASOTA	FL	34233
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.

DocuSigned by:

Craig Della vedova

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED

SEC
TALLAHASSEE, FL

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

CRAIG DELLA VEDOVA
5218 STATION WAY
SARASOTA FL 34233

(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:

DocuSigned by:

Craig Della vedova

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.

CRAIG DELLA VEDOVA
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)