

L22000396986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

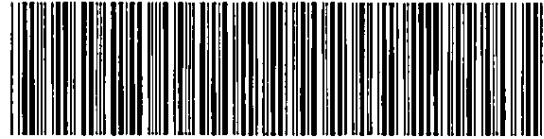
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2022 SEP -9 PM 3:04

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 SEP -9 PM 3:45

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TORTUGA POOLS & SPAS, LLC

Signature \_\_\_\_\_

Requested by: BA

09/08/22

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
✓ \_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
✓ \_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**FOR**

**TORTUGA POOLS & SPAS, LLC**

**ARTICLE I - NAME**

The name of the limited liability company **TORTUGA POOLS & SPAS, LLC**.

**ARTICLE II - ADDRESS**

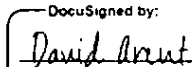
The mailing address and the street address of the principal office of the company is **4756 ACORN CIRCLE, SARASOTA, FLORIDA 34233**.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

**DAVID ARENT  
4756 ACORN CIRCLE  
SARASOTA, FLORIDA 34233**

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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 the Florida Statutes.

DocuSigned by:  
  
**DAVID ARENT**

**ARTICLE IV - MANAGEMENT**

The business and affairs of the limited liability company shall be managed by:

**PATRICK WARWICK  
2121 MCCLELLAN PKWY.  
SARASOTA, FLORIDA 34239**

**NICKOLAS YADEN  
1666 OVERBROOK ROAD  
ENGLEWOOD, FLORIDA 34223**

**DAVID ARENT  
4756 ACORN CIRCLE  
SARASOTA, FLORIDA 34233**

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The members are:

**PATRICK WARWICK**  
2121 MCCLELLAN PKWY.  
SARASOTA, FLORIDA 34239

**NICKOLAS YADEN**  
1666 OVERBROOK ROAD  
ENGLEWOOD, FLORIDA 34223

**DAVID ARENT**  
4756 ACORN CIRCLE  
SARASOTA, FLORIDA 34233

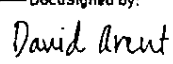
**ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:**

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: 9/8/2022

DocuSigned by:  
  
832F258FAC8B4B4  
**PATRICK WARWICK**

DocuSigned by:  
  
037E20A6048040E  
**NICKOLAS YADEN**

DocuSigned by:  
  
90B3C07C059940A  
**DAVID ARENT**

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