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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: cococolon@comcast.net

RECEIVED

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TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.
PARADISE POOLS & PRESSURE CLEANING LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS
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September 12, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARES & COMPANY, C.P.A., P.A.

SUBJECT: PARADISE POOLS & PRESSURE CLEANING LLC
REF: W24000128409

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must type the complete/legal name of the individual(s) signing the document in each signature block.

PLEASE HAVE COMPLETE NAMES FOR YOUR REGISTERED AGENTS AND OFFICERS.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew H Hitchcock
Regulatory Specialist II
New Filing Section

FAX Aud. #: H24000309736
Letter Number: 224A00020510

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2024 SEP 17 PM 4:52

COVER LETTER

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

SUBJECT: PARADISE POOLS & PRESSURE CLEANING 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:

MILTON A ARES

Name of Person

ARES & COMPANY CPA

Firm/Company

3636 SW 87 AVE

Address

MIAMI, FL 33165

City/State and Zip Code

COCOCOLON@COMCAST.NET

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

For further information concerning this matter, please call:

YDIA TAPIA

305

229-8256

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

((H24000309736 3))

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARADISE POOLS & PRESSURE CLEANING 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:

14359 MIRAMAR PARKWAY STE 319

MIRAMAR, FL 33027

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:

LAZARO M COLON

Name

14353 MIRAMAR PARKWAY STE 319

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

MIRAMAR

FL

33027

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..

LAZARO M COLON

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

LAZARO COLON

14359 MIRAMAR PARKWAY STE 319

MIRAMAR, FL 33027

MGR

RYAN COLON

14359 MIRAMAR PARKWAY STE 319

MIRAMAR, FL 33027

MGR

TYLER COLON

14359 MIRAMAR PARKWAY STE 319

MIRAMAR, FL 33027

(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:

LAZARO M COLON

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.

LAZARO M. COLON

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)