

L97000001053

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: NATURAL POOL SYSTEMS L.C.
(Proposed limited liability company name - must include suffix)

200002298442--9

-09/19/97--01103--001

****293.75 ****293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit

\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FILED
97 SEP 19 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: ANTHONY PARTRIDGE
Name (Printed or typed)

Name	9/23/97	245 S. TAMiami TRAIL
Availability	dec	Address
Document Examiner	DCC	NOKOMIS, FL. 34275
	DCC	City, State & Zip
	DCC	(941) 486-8009
	DCC	Daytime Telephone number
Document Examiner	DCC	
Document Examiner	DCC	

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JIM & DEANNE PARKER

1335 SORRENTO WOODS BOULEVARD, NOKOMIS, FL 34275

PHONE: (941) 488-8342

FAX: (941) 485-1413

MEMO

DATE: September 18, 1997
TO: Florida Department of State - Division of Corporations
FROM: Jim Parker
SUBJECT: APPLICATION FOR NEW LIMITED LIABILITY CORPORATION

Dear Sirs:

I am enclosing the appropriate documents and funds to apply for a limited liability corporation.

The name and address of the corporation is: Natural Pool Systems L.C., 245 South Tamiami Trail, Nokomis, Fl. 34275.

The initial members of the corporation are:

**Anthony Partridge
James M. Parker
Richard E. Varley**

I have checked to make sure the name is available. Also, enclosed is a check in the amount of \$293.75 for filing fee, registered agent, and certificate of status.

Thank You,

A handwritten signature in black ink that reads "Jim Parker". The signature is written in a cursive, flowing style.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

NATURAL POOL SYSTEMS L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

245 S. TAMiami TRAIL
NOKOMIS, FL. 34275

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ANTHONY PARTRIDGE
245 S. TAMiami TRAIL
NOKOMIS, FL. 34275

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

NATURAL POOL SYSTEMS L.C.

2. The name and address of the registered agent and office is:

ANTHONY PARTRIDGE

(NAME)

245 S. TAMiami TRAIL

(P. O. Box NOT ACCEPTABLE)

NOKOMIS, FL. 34275

(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.*

Anthony Partridge
(SIGNATURE)

9/18/97
(DATE)

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TALLAHASSEE, FLORIDA

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Filing Fee: \$ 35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
NATURAL POOL SYSTEMS L.C. deposes and says:

~~(X)~~ the above named limited liability company has at least two members .

2) the total amount of cash contributed by the member(s) is

\$10,000

3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is \$ _____

5) the total amounts of 2, 3 and 4 is

\$10,000

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TALLAHASSEE, FLORIDA

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Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)