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(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
·	•	,
(Do	cument Number)	
Certified Copies	, Certificates	of Status
Special Instructions to F	-iling Officer:	

Office Use Only



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P.O. Box 152328 Cape Coral, Florida 33915

Sparkling Blue Pool Service & Supply

November 10, 2003

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I would like to file the enclosed the certificate of conversion, articles of organization, and personal articles & operating agreement.

I have sent a check in the amount of \$155.00 for filing of articles, certificate of conversion and I would like a certified copy.

Should you have any questions, please feel free to contact me anytime. You may reach me at home (239) 242-0365, business phone (239) 573-0034 and my cell phone (239) 699-6430.

Sincerely,

Pamela A. Brotheridge, Manager

Sparkling Blue Pool Service & Supply

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The	name of the unincorporated business immediately prior to filing this document was:
	Sparkling Blue Pool Service
	The date on which and the jurisdiction in which the unincorporated business was first herwise came into being are: Date: 04/28/03
В.	Jurisdiction: Florida
C.	If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: N/A
THIRD: The organization	e name of the limited liability company as set forth in the <u>attached</u> articles of is:
	Sparkling Blue Pool Service & Supply, L.L.C.
	Signature of a Member or an Authorized Representative of a Member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILING FEES:

Pamela A. Brotheridge
Typed or Printed Name of Signee

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Filing Fee for Registered Agent Designation

\$ 25.00 Filing Fee for Certificate of Conversion

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

TRANSMITTAL LETTER

Division of Corporations		
2020ZCX1	ol Service & Supply, L.L.C.	
(Name of Limi	ted Liability Company)	
The enclosed Articles of Organization and fe	c(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Pamela A. Brotheridge	•	
(Name of Person)		
Sparkling Blue Pool Service	e & Supply, L.L.C.	 1-250 - 131
(Firm/Company)		•
		, , , , , , , , , , , , , , , , , , ,
2605 SW 15th Avenue		
(Address)		_
Cape Coral, Florida 33914		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Pamela A. Brotheridge	at (239) 573-0034	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	

Tallahassee, Florida 32314

Tallahassec, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sparkling Blue Pool Service & Supply, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Sparkling Blue Pool Service	e Sparkling Blue Pool Service
2605 SW 15th Avenue	P.O. Box 152328
Cape Coral : Florida 33914	Cape Coral Florida 33915

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Pamela A. Brotheridge				
Name				
2605 SW 15th Avenue				
the second secon				
Florida street address (P.O. Box NOT acceptable)				
Cape Coral FL 33914				
City, State, and 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = Manager "MGRM" = Managing Member	•				
MGRM		Pamela A. Brotheridge 2605 SW 15th Avenue			
		Cape Coral, Fl. 33914		- .	, ,, <u>,</u> , , , ,
Member	, . š.	Michael A. Rife 2605 SW 15th Avenue		, :	<u>.</u>
		Cape Coral, F1. 33914		•	,
Member	99. ****	Brian Dale Caldwell 1277 Nauticus Circle, Apt. Virginia Beach, VA 23454	105	. · .	ر مان در است
			•	· . · ·	, 2002
Member	- ِ ي -	- Joey Daniel O;Steen	<u> </u>	-	••
		2605 SW 15th Avenue			= 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
		Cape Coral, Fl. 33914	. <u>ئة مِنــــــــــــــــــــــــــــــــــــ</u>		
(Use attachment if necessary)			***	۰- ۳	2.00

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

Pamela A. Brotheridge
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)