

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

My Pool Warehouse LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MY POOL WAREHOUSE LLC

ARTICLE II ADDRESS

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

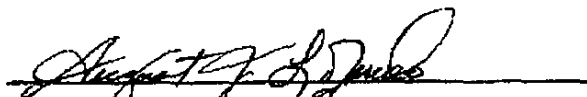
6091 CYPRESS HOLLOW WAY
NAPLES, FL 34109

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

AUGUST J. LOFENDO
6091 CYPRESS HOLLOW WAY
NAPLES, FLORIDA 34109

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



AUGUST J. LOFENDO / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: AUGUST J. LOFENDO
6091 CYPRESS HOLLOW WAY
NAPLES, FLORIDA 34109

Managing Member: ANTHONY A. LOFENDO
4660 1ST AVE NW
NAPLES, FLORIDA 34119

Managing Member: JAMES E. RYAN
5930 HIDDEN OAKS LANE
NAPLES, FLORIDA 34119



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.)

AUGUST J. LOFENDO
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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