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PICK-UP	· WAIT	MAIL
(E	Business Entity Nar	ne) 🗤
(0	Document Number)	7 - 1 - 1 - 1 - 1 - 1
Certified Copies	Certificates	s of Status
Special Instructions to	o Filina Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

SEP 2 1 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: HAND HOUS (Name of Resulting Florida Limited Company)
The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this matter to:
Contact Person) HAND HAND POOLS LLC (Firm/Company) (Address) (Address) (Cit), State and Zip Code)
For further information concerning this matter, please call: To have of Contact Person
Enclosed is a check for the following amount:
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) \$150.00 Filing Fees and Certified Copy \$185.00 Filing Fees and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this

Certificate of Conversion is:

(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Corporation, limited partnership, general partnership, common law or business trust, etc.)				
(Enter state, or if a non-U.S. entity, the name of the country) on Center date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:				
HANDHPOOLS LLC				
(Enter Name of Florida Limited Liability Company)				
5. If not effective on the date of filing, enter the effective date: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\				
Page 1 of 2				

Signed this 16 day of Septem De	120 <u>00</u> .	
Signature of Member or Authorized Representa	ntive of Limited Liability Company:	
Signature of Member or Authorized Representative Printed Name: John Jawanname	Tild President	
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]		
Signature: 100 W John Charles Printed Name: 100 W HYSYES	Title: Scan the Ch	
Signature:Printed Name:		
Signature:Printed Name:	Title:	
Signature:Printed Name:	Title·	
Signature:		
Printed Name:	_ Title:	
Signature: Printed Name:	Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.		
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:	06	

SECRETARY OF STATE VISION OF CORPORATION

\$25.00

\$125.00

\$30.00 (Optional) \$5.00 (Optional)

Certificate of Conversion:

Certified Copy: Certificate of Status:

Fees for Florida Articles of Organization:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
HANDH POOLS LLC		
(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "L.L.C.")		
Cic.)		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited		
Liability Company is:		
Principal Office Address: Mailing Address:		
225 State Rd 16 Same		
2) Q = C = 24 0 E		
3200)		
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:		
Johnsthutham		
5825 Storte Rd VV		
Florida street address (P.O. Box NOT acceptable)		

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 (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	John P Hutham 5825 State Ballon 54 Brown Fr 3209
<u></u>	
ARTICLE V: Effective date, if other than the	(Use attachment if necessary) e date of filing: (OPTIONAL)
(The effective date: 1) cannot be prior to a document is filed by the Florida Department the effective date listed in the attached (date is listed therein.)	nor more than 90 days after the date this ent of State; <u>AND</u> 2) must be the same as
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.)

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)

Page 2 of 2