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S. HAWKES

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EXAMINER

S. HAWKES

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EXAMINER

WD-8846



February 22, 2010

JAYRO LASCANO 4747 W WATERS AVE APT 408 TAMPA, FL 33614

SUBJECT: SENSATIONAL POOLS OF TAMPA BAY, L.L.C.

Ref. Number: W1000008846

We have received your document for SENSATIONAL POOLS OF TAMPA BAY, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must be signed by an authorized person.

Please complete the address in article II.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 010A00004312

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations



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.

•					
Signed this 15 day of February	<u>20 [O .</u>				
Signature of Member or Authorized Represent	ative of Limited Liabil	ity Coi	mpany:		
Signature of Member or Authorized Representative Printed Name: Jayro Lascano	e: pyôfstro		. lago	_	
	_				
Signature(s) on behalf of Other Brisiness Entity:	See below for required	l signat	ure(s).		
Signature:				_	
Printed Name Dayro Lascano	Title: <u>Registered</u>	Agen	t/m	corpora	TUR
Signature:				_	
Printed Name:	Title:				
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Printed Name:	Title:	ž.	E S	要"小	
Signature:			\$ 5	-2 F	***
Signature: Printed Name:	Title:		SEC.	m	al Arts
Signature:			FS	_ 75	·**
Signature: Printed Name:	Title:		<u>울</u>	- 	
Signature:			> ™	_	
Printed Name:	Title:				
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In					
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:				
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	ty Limited Partnership	<u>:</u>			
All others: Signature of an authorized person.					
Fees:					
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)				

ARTICLE I - Name: The name of the Limited Liability Company is: Saysatimal Pools of Tampa Bay, Lucian (Must end with the words "Limited Liability Company," the abbreviation "L.L.c.," or the designation "L.L.c.," or the designation "L.L.c.," or the mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address:

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:

Jayro Lascano

Name
A747 W. Waters Ave Apt 408
Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33614

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 (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jayro Lascano 4747 W. Waters Are A Tampo, FL 33614
-	
	(Use attachment if necessary)
ective date: 1) cannot be prior to nt is filed by the Florida Departm ctive date listed in the attached	•
ective date: 1) cannot be prior to nt is filed by the Florida Departm ctive date listed in the attached isted therein.)	(OPTIONAL) nor more than 90 days after the date this ment of State; AND 2) must be the same as
ective date: 1) cannot be prior to nt is filed by the Florida Departmetive date listed in the attached isted therein.) REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this ment of State; AND 2) must be the same as
nt is filed by the Florida Department is filed by the Florida Department is the disted in the attached is ted therein.) REQUIRED SIGNATURE: Signature of a member or an a constitutes an a that the facts signature of a member or an analysis.	(OPTIONAL) nor more than 90 days after the date this nent of State; AND 2) must be the same as Certificate of Conversion, if an effective

\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation