L 13000043473

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2013

DEAN JOHNSON 6937 WAIKIKI ROAD JACKSONVILLE, FL 32216

SUBJECT: BUBBA'S POOLS & SPAS LLC

Ref. Number: W13000015692

We have received your document for BUBBA'S POOLS & SPAS LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

BUBBA'S POOLS AND SPAS, INC. was administratively dissolved on September 28, 2012, for having failed to file the 2012 Annual Report.

Before the corporation could be converted into an LLC, the corporation would have to reinstate its status.

The fee required to reinstate the corporation would be \$900.00. The reinstatement could be filed by completing the enclosed reinstatement form and mailing it in with a check for \$900.00. It could also be filed electronically on our www.sunbiz.org website on which you could pay with a credit card.

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) 245-6051.

Buck Kohr Regulatory Specialist II

Letter Number: 913A00006275

COVER LETTER

TO: Registration Division o	n Section f Corporations			
SUBJECT: But	ba's Pools & Spa	s LLC		_
	(Name o	of Resulting Florida Limit	ed Company)	
			ion, and fees are submitted appany" in accordance with s	
Please return all co	orrespondence concerr	ning this matter to:		
Dean Johnson				Series Sold
	(Contact Person)			P.C.
Bubba's Pools &	Spas LLC	<u> </u>	•	W. T.
	(Firm/Company)			L'A
6937 Waikiki Rd				FLU
	(Address)			, i
Jacksonville, F	FL 32216			
	(City, State and Zip Cod	e)		
n/a		,		
	used for future annual rep	ort notifications)		
For further inform	ation concerning this i	matter, please call:		-
Dean Johnson		at (904)	724-4815	
(Name of Co	ontact Person)	(Area Code an	d Daytime Telephone Number)	-
Enclosed is a chec	k for the following an	nount:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRI Registration Section	on	Registrati	G ADDRESS:	
Division of Corpo	rations	Division	of Corporations	

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

Bubba's Pools & Spas LLC (Must end with the words "Limited Liability Compan	y, the abbreviation "L.L.C.," or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6937 Walkiki Rd	6937 Waikiki Rd
Jacksonville, FL 32216	Jacksonville, FL 32216

(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:

Dean Johnson	
	Name
6937 Waikiki Rd	<u> </u>
Florida street addı	ress (P.O. Box NOT acceptable)
acksonville,	FL 32216
C	ity, 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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managin	ng Member
MGRM	Dean Johnson
	6937 Waikiki Rd
	Jacksonville, FL 32216
<u>.</u>	
·	·
<u> </u>	
	·
(Use attachment if ne	cessary)
•	
TICLE V: Effective da	ite, if other than the date of filing: (OPTIONAL)
e effective date: 1) can	not be prior to nor more than 90 days after the date this document is filed by
Florida Department of	f State; <u>AND</u> 2) must be the same as the effective date listed in the attached if an effective date listed therein.)
Florida Department of	if an effective date listed therein.)
Florida Department of tificate of Conversion, OUIRED SIGNATUR	if an effective date listed therein.) E: Multiplication of the state
Florida Department of tificate of Conversion, OUIRED SIGNATUR Signature of a	E: member or an authorized representative of a member.
Florida Department of tificate of Conversion, OUIRED SIGNATUR Signature of a (In accordance with section the penalties of perjury the	if an effective date listed therein.) E: Multiplication of the state
Florida Department of tificate of Conversion, OUIRED SIGNATUR Signature of a (In accordance with section the penalties of perjury the	E: member or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under nat the facts stated herein are true. I am aware that any false information submitted in a nent of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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