

# L13000214672309

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NICI LAW FIRM, P.L.  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALTHY CHOICE POOLS, LLC

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

H136002146723

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Healthy Choice Pools, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

James R. Arseneau was listed as the only Manager in the Articles filed.

Both James R. Arseneau and Tina L. Arseneau should be listed as managers.

The address for both is 5593 Hammock Isles Drive, Naples, FL 34119

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: September 26, 2013

*James R. Arseneau*  
Signature of a member or authorized representative of a member

James R. Arseneau

Typed or printed name of signee

Filing Fee: \$25.00  
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**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000133309  
FILED 8:00 AM  
September 20, 2013  
Sec. Of State  
jshivers

**Article I**

The name of the Limited Liability Company is:  
HEALTHY CHOICE POOLS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5593 HAMMOCK ISLES DRIVE  
NAPLES, FL. 34119

The mailing address of the Limited Liability Company is:  
5593 HAMMOCK ISLES DRIVE  
NAPLES, FL. 34119

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JAMES R NICI  
C/O NICI LAW FIRM  
1185 IMMOKALEE ROAD, SUITE 110  
NAPLES, FL. 34110

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.

Registered Agent Signature: JAMES R. NICI

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
JAMES R ARSENEAU  
5593 HAMMOCK ISLES DRIVE  
NAPLES, FL. 34119

L13000133309  
FILED 8:00 AM  
September 20, 2013  
Sec. Of State  
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### **Article VI**

The effective date for this Limited Liability Company shall be:

09/20/2013

Signature of member or an authorized representative of a member

Electronic Signature: JAMES R. NICI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.