sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Componations

Fax Number : (850)617-6381

Fram:

Account Name : HAND ARENDALL HARRISON SALE LLC Account Number : 120190000128 : (850)769-3434 : (850)769-6121 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future armual report mailings. Enter only one email address please.\*\*

Enati Address: jcampfield@handfirm.com

## FLORIDA LIMITED LIABILITY CO. TRINE POOLS, LLC

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## ARTICLES OF ORGANIZATION OF 1 KINE POOLS, LLC

ARTICLE I - NAME

The name of the limited liability company is 1 KINE POOLS, LLC, ("company").

## ARTICLE II - ADDRESS

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

Principal Office Address: 955 AIRPORT ROAD, UNIT 224 DESTIN, FL 32541 Mailing Address: 955 AIRPORT ROAD, UNIT 224 DESTIN, FL 32541

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

HAND ARENDALL HARRISON SALE, LLC C/O DION MONIZ 35008 EMERALD COAST PKWY, STE 500 DESTIN, FL 32541

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 605, F.S.

HAND ARENDALL HARRISON SALE, LLC

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## ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

**MGRM** 

TERRY ALLEN

955 AIRPORT ROAD, UNIT 224

DESTIN, FL 32541

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be 4-5-2023.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any 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.

TERRY ALLEN

Typed or printed name of signee