(Requestor's Name)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/12/2024	
Name:	Patrice Rush	-
Reference	#: 2232298	-
Entity Nam	ne: ALL FLORIDA I	DISTRIBUTORS, INC.
Ame Cha	cles of Incorporation/Authorization endment ange of Agent nstatement oversion	to Transact Business
Mer	rger solution/Withdrawal	
	itious Name	
🖌 Oth	er PLEASE RETAIN THE C	RIGINAL FILE DATE OF 01/10/2024
	£190.00	

Authorized Amount:	\$180.00
Signature:	JPL



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	01/12/2024	
	Patrice Rush	
	nce #: 2232298	
	ame: ALL FLORIDA	DISTRIBUTORS, INC.
	Articles of Incorporation/Authorizatio Amendment Change of Agent Reinstatement Conversion Merger	n to Transact Business
	Dissolution/Withdrawal	
F	Fictitious Name	
	Other PLEASE RETAIN THE	ORIGINAL FILE DATE OF 01/10/2024
	6490.00	

Authorized Amou	int: \$180	.00
Signature:	Pall	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2024

COGENCYGLOBAL

SUBJECT: ALL FLORIDA DISTRIBUTORS, INC. Ref. Number: W24000002083

We have received your document for ALL FLORIDA DISTRIBUTORS, INC.. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 924A00000394



www.sunbiz.org

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

DocuSign Envelope ID: 32C1C24E-8209-43C3-8503-107B3BCF33F1

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

The Articles 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.605.1045. Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: All Florida Distributors, Inc.

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a _____ (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) Florida First organized, formed or incorporated under the laws of

(Enter state, or if a non-U.S. entity, the name of the country)

09/12/1973 on

(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:

Amenity Pool Services of Florida, LLC

(Enter Name of Florida Limited Liability Company)

If not effective on the date of filing, enter the effective date:

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605,1006 and 605,1061-605,1072, F.S.

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Signed this 31st day of December	20 23
Signature of Authorized Representative of Lin	nited Liability Company
Signature of Authorized Representative:	Title: Manager
Signature(s) on behalf of Other Business Entity:	
Signature: Kichard (. Naden Printed Name: Richard C. Naden	
Printed Name: Richard C. Naden	Title: Secretary
Signature: Printed Name:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Signature:	Title:
Signature	
Signature: Printed Name:	Title:
Supplues	
Signature: Printed Name:	Title:
Printed Name:	Title:
Printed Name:	
Printed Name:	or Officer.
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, and	or Officer. Incorporator must sign.
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o	or Officer. Incorporator must sign.
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner.	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u>	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners.	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u>	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person.	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person.	or Officer. Incorporator must sign. ility Partnership:
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, of If Directors or Officers have not been selected, and <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u> Articles of Conversion:	or Officer. Incorporator must sign. <u>ility Partnership:</u> ility Limited Partnership: \$25.00
Printed Name: <u>If Florida Corporation:</u> Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an <u>If Florida General Partnership or Limited Liab</u> Signature of one General Partner. <u>If Florida Limited Partnership or Limited Liab</u> Signatures of <u>ALL</u> General Partners. <u>All others:</u> Signature of an authorized person. <u>Fees:</u>	or Officer. Incorporator must sign. <u>ility Partnership:</u> ility Limited Partnership: \$25.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Amenity Pool Services of Florida, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
11720 Biscayne Blvd	11720 Biscayne Blvd	
Miami, FL 33181	Miami, FL 33181	

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:

Corporation Service Company	
Nar	ne
1201 Hays St	
Florida street address (P.	O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32301
City	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 605, F.S.

& land with

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Mitchell B. Friedlander
	11155 Dolfield Boulevard, Suite 216
	Owings Mills, MD 21117
MGR	Richard C. Naden
	11155 Dolfield Boulevard, Suite 216
	Owings Mills, MD 21117
MGR	Daniel J. Lawler
	420 Kelly Dr, Suite C
	West Berlin, NJ 08091
(Use attachment if necessary)	

ARTICLE V: Other provisions, if any.

REQUIRED SIGNATURE:

— Docusioned by: Kichard (. Naden — 6114CBD8C33340F

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.

 Richard C. Naden, Manager

 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)

2024

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