CT CORPORATION SYSTEM

| CORPORATION(S) NAME | MOZODO | DDDI | 33 |
|---------------------------------------|---|---|--|
| Superior Pool Products LLC | | | |
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| | | | PH 2: |
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| () Profit () Nonprofit | () Amendment | () Merger | |
| (X) Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark | |
| () Limited Partnership | () Annual Report | () Other | |
| (X) LLC | () Name Registration | () Change of RA | |
| () Certified Copy | () Fictitious Name | () UCC | = 0 |
| () Сеппец Сору | () Photocopies | () CUS | 42 |
| () Call When Ready | () Call If Problem | () A from 4:20 | The same of the sa |
| (x) Walk In | () Will Wait | () After 4:30 (x) Pick Up | |
| () Mail Out | | (A) I lok Op | |
| Name | 1/15/02 | Order#: 5049900 | · · · · · · · · · · · · · · · · · · · |
| Availability Document | | <u> </u> | 7759797 |
| Examiner | | -01/15 | 7753787 5/0201040025 |
| Updater | | Ref#: *****1 | 25.00 ****125.00 |
| Verifier | | | |
| W.P. Verifier | | Amount: \$ | |

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of foreig | m lin | nited liability company) | _ |
|---|----------|--|-------------|
| Delaware | | 22 0012004 | |
| (Jurisdiction under the law of which foreign limited liability | 3. | 33-0913896 | |
| company is organized) | 7 | (FEI number, if applicable) | |
| | | • | |
| 6/19/00 | 5 | Perpetual | |
| (Date of Organization) | | (Duration: Year limited liability company will cease to | - |
| | | exist or "perpetual") | |
| upon filing | | | |
| | 200.50 | ections 608.501, 608.502, and 817.155, F.S.) | |
| , (2000 1200 ambaotod outsiness in 1 forida. (c | ,cc 50 | sections 606.301, 606.302, and 817.133, F.S.) | |
| 109 Northpark Blvd., 4th Fl. | | | |
| | | | |
| Covington, LA 70433 | | | |
| | ss of | principal office) | • |
| (+ | | p.morpur office) | |
| . If limited liability company is a manager-manage | doc | mnany, about home [4] | |
| a manager-manage | <i>.</i> | mipany, check here [x] | |
| The result having and desired 641 | | | |
| The usual business addresses of the managing me | emb | ers or managers are as follows: | |
| | | ************************************** | _ |
| 109 Northpark Blvd., 4th F1. | | | 2 |
| | | KK | |
| Covington, LA 70433 | | | :⊋m :⊋m |
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| | | | 12 |
| | | 5,7 | 0 |
|). Attached is an original certificate of existence, no more than 9 | X) da | vs old duly authenticated by the official basing auto- | energie in |
| e jurisdiction under the law of which it is organized. (A photoco | 200 | anot population. If the position to it is a finite 1 | CONTROL III |
| uslation of the certificate under oath of the translator must be su | hy r | shoracceptable. If the certificate is in a foreign language, a | |
| and the certain are district the translator most be st | DITHU | red.) | |
| | | | |
| 1. Nature of business or purposes to be conducted | or p | romoted in Florida: | |
| | - | | - |
| Wholesale distribution of swimming pool supplies. | | | |
| | | 1 | • |
| Craick Hard | //. | . V | |
| | | | |
| Signature of a member or an a | utho | orized representative of a member. | |
| (In accordance with section 608.408(3), | F.S., | the execution of this document constitutes | |
| an affirmation under the penalties of pe | gury | that the facts stated herein are true.) | |
| Craig K. Hubbard, Manager | | | |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF ELORIDA

| FLORIDA. | | | | | | | | | |
|--|---|---|---|---|--|---------------------------------|--------------------|----------|------|
| 1. The name | of the Limited Liabil | ity Compa | ny is: | | | | | | |
| Superior Pool Products LLC | | | | | | | | | |
| 2. The name | and the Florida street | t address o | f the regis | stered agent a | nd office are | : | | | |
| | C T Corporation Syste | em | | | | | | _ | - |
| | | | (Name) | | | | | | |
| | c/o C T Corporation S | ystem, 1200 | South Pine | Island Road | | <u></u> | | | . , |
| | Florida | street addre | ss (P.O. Bo | x_NOT ACCEP | TABLE) | | 20 | Q | |
| | Plantation | | FL City/State | 33324 | | | CIVE IA | 2.1391 | |
| | | | City/State | Zip | | | SEE. | in Tr | IN A |
| liability comp agent and agr relating to the | named as registered ag any at the place design ree to act in this capact proper and complete f my position as registe | nated in thi ity. I furth performan | 's certifica er agree to ce of my d | te, I hereby ac o comply with uties, and I an | cept the appo the provision n familiar wit | ointment as i ns of all stat | registered utes | EMIS: DS | |
| C T Corporation | on System Jenufer MV (Signature) | Jural | 7 | TO COMPANY TO SERVER | in a meetin — 1 | | | | |
| | Jennifer J. McB Assistant Secre | | Filing | Fee for Appl | ication | | , | | |

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPERIOR POOL PRODUCTS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2002.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1547770

DATE: 01-08-02

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