# M06000005395

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: POOLCORP Financial Mortgage	LLC			
(Name of Limite	ed Liability Company)			
The enclosed "Application by Foreign Limited Liabi Florida," Certificate of Existence, and check are sub- liability company to transact business in Florida				
Please return all correspondence concerning this mat	tter to the following:			
Dawn Chiasson		<u>.</u>		
(Nam	ne of Person)			
Pool Corporation		_		
(Firm	n/Company)			
109 Northpark Blvd.				
(2	Address)	SEO	)6 SI	
Covington, LA 70433		RETAR RESERVE	EP 29	7
(City/State	e and Zip Code)	H2 H2	PH	FILED
For further information concerning this matter, pleas	se call:	STATE	06 SEP 29 PM 2: 20	
Dawn Chiasson	at ( 985 ) 801-5289			
(Name of Person)	(Area Code & Daytime Telephone Numb	oer)		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  ☐ \$125.00 Filing Fee	□\$155.00 Filing Fee & □\$160.00 Filing Fee, tatus Certified Copy of Status &			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2006

DAWN CHIASSON 109 NORTHPARK BLVD. COVINGTON, LA 70433

SUBJECT: POOLCORP FINANCIAL MORTGAGE LLC

Ref. Number: W06000041069

We have received your document for POOLCORP FINANCIAL MORTGAGE LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 706A00056018

## 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:

1. POOLCORP Financial Mortgage LLC	
(Name of Foreign Limited Liability Company)	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)  3. 20 - 5537091 (FEI number, if applicable)	
4. 9/13/2006 (Date of Organization)  5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	
6. Have not transacted business in Florida prior to registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 109 Northpark Blvd.	
Covington, LA 70433	
(Street Address of Principal Office)	Ċ
8. If limited liability company is a manager-managed company, check here STATE 2:	
9. The name and usual business addresses of the managing members or managers are as follows:	
Mark W. Joslin, President & Treasurer, 109 Northpark Blvd., Covington, LA 70433	
E. Hunter Hughes, Vice President & Secretary, 109 Northpark Blvd., Covington, LA 70	433
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	sin
11. Nature of business or purposes to be conducted or promoted in Florida: Financial services	
E. Brokes House	
Signature of a member or an authorized 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 perjury that the facts stated herein are true.)	
E. Hunter Hughes, Vice President & Secretary	

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 FLORIDA.

1. The name of the Limited Liability Company is:

### POOLCORP Financial Mortgage LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box NOT ACCEPTABLE)

**Plantation** 

FI. 33324

City/State/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, Florida Statutes.

(Signature)

Denise Bell Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PAGE 1

## Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POOLCORP FINANCIAL MORTGAGE 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 TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

EXYS OF THE PARTY OF THE PARTY

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Warriet Smith Windson Savetage of State

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 5071860

DATE: 09-27-06