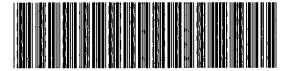
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AQUAMEN WATERSLIDE RESTORATIONS, LLC

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COVER LETTER

TO:

Registration Section Division of Corporations

AQUAMEN WATERSLIDE RESTORATIONS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

7,700.00
Karina Pulskamp
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
1701 Directors Blvd. Ste 300
Address
Austin, TX 78744
City/State and Zip Code
clientservices@rasi.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Karina Pulskamp "888 705-7274

Karina Pulskamp	888 /05-7274
Name of Person	Area Code & Daylime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

Enclosed	lisaç	heck i	for the	e fol	lowing	amount:
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□ \$130,00 Filing Fee & □ \$155.00 Filing Fee & □ \$125.00 Filing Fee □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

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

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

AQUAMEN WATERSLIDE RESTORATIONS, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.tC.,"	or "LLC.")	-
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and atta consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")		
2. West Virginia 3, 26-0382918		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized)	:)	
_{4.} 6/27/2007 _{5.} Perpetual		
(Date of Organization) (Duration: Year limited liability comparable exist or "perpetual")	my will cease to	
б.	Z0 -	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	C PE	
_{7.} 109 CAMPAIGN LANE HEDGESVILLE, WV, 25427	₹ 2 2	
(Street Address of Principal Office)		
8. If limited liability company is a manager-managed company, check here	3	
2. The name and usual business addresses of the managing members or managers are as fo	ollows:	
CHAD DONALDSON- 109 CAMPAIGN LANE HEDGESVILLE, V	NV, 25427	
CHRIS JAMES- 128 SOUTH VALLEY STREET MARTINSBURG.	WV, 25401	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has be jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foranslation of the certificate under each of the translator must be submitted.)		cords in
1. Nature of business or purposes to be conducted or promoted in Florida:		
Repair Waterslides		
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 penalties of perpay that the facts stated herein are true. I am aware that any false information substitutes a third degree felony as provided for in \$.81	mitted in a	
Chad Donaldson		
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.

	E UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING ATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTFRED AGENT IN THE
	ATE OF FLORIDA.
•	The many of the Limit of Linking Community
١.	The name of the Limited Liability Company is:

AQUAMEN WATERSLIDE RESTORATIONS, LLC
If unavailable, the alternate to be used in the state of Florida is:

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

Registered Agent Solutions, Inc.		
	(Name)	
155 Office Plaza Dr. Suite A		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Tallahassee,	_{FL} 32301	
	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.

Art Flores, Asst. Sec.

(Signature)

\$ 100,00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional) \$ 30.00 Certificate of Status (optional) \$ 5.00



I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

AQUAMEN WATERSLIDE RESTORATIONS, LLC

made application to the West Virginia Secretary of State's Office to be a registered limited liability company in the State of West Virginia on June 27, 2007. The application was received and found to conform to law.

The company is filed as an at will company, for an indefinite period.

I further certify that the company's most recent annual report, as required by West Virginia Code §31B-2-211, has been filed with our office and that a Certificate of Termination has not been issued.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:5WV13_BPP4A

Given under my hand and the Great Seal of the State of West Virginia on this day of March 19, 2013

Secretary of State