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S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Southern Pools	capes LLC		
Name of Limited Liability Company				
	pplication by Foreign Limited Liability Compa heck are submitted to register the above referen			
Please return all	correspondence concerning this matter to the fo	ollowing:		
	Comeron Rhodus			
Name of Person				
	Southern Palscapes L	LC		
	Firm	/Company	——————————————————————————————————————	
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	4	Address	たっこう こうこう こうしょう こうしゅう こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうしゃ こうし	
	Faircher, AL 36532 City/Stat		- 6 - E D	
	City/Stat	e and Zip Code		
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Can	Eron Rhody	at (850) S30 - 15 Area Code Daytime Teleph	701	
	Name of Person	Area Code Daytime Teleph	ione Number	
Divisio Registr P.O. Bo	n of Corporations Division Registration Section Registration Scale Cliffon Bussee, FL 32314 2661 Exemples	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	check for the following amount: .00 Filing Fee \$\square\$ Certificate of Status		0.00 Filing Fee, Certificate tatus & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Southern Poolscapes UC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Gouthern PoolScepts of FLorina

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") (Jurisdiction under the law of which foreign limited liability NA (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) SECTION ST STE 5300 댨 36232 (Street Address of Principal Office) 31 E 36532 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are? 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in 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.)

Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Southern Poolscapes UL	
If unavailable, the alternate to be used in the state of Florida	is:
Southern Poolscaper of Flor	ila
2. The name and the Florida street address of the registered	agent and office are:
CANEROS Rhodes (Name)	
1560 PLAGUEL TER	高市
Florida Street Address (P.O. Box NO	7.7
CANTOUMENT FL	32533 FE STATE 58
City/State/Zip	<u>⊊</u> &
Having been named as registered agent and to accept service liability company at the place designated in this certificate, I registered agent and agree to act in this capacity. I further ag	hereby accept the appointment as

(Signature)

Statutes.

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, Florida

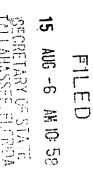
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Southern Poolscapes LLC was formed in Baldwin County, Alabama on June 19, 2015. The Alabama Entity Identification number for this entity is 338-657. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





20150804000016270

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

8/4/2015

Date

X 2. Mill

John H. Merrill

Secretary of State

Date of this notice: 06-29-2015

Employer Identification Number: 47-4387318

Form: SS-4

Number of this notice: CP 575 B

SOUTHERN POOLSCAPES AARON ROGERS GEN PTR PO BOX 91818 MOBILE, AL 36691

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4387318. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Program 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification (
Election, and elect to be classified as an association taxable as a corporation. OIf
the LLC is eligible to be treated as a corporation that meets certain tests and it
will be electing S corporation status, it must timely file Form 2553, Election by a
Small Business Corporation. The LLC will be treated as a corporation as of the
effective date of the S corporation election and does not need to file Form 8832

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.