

116000009488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

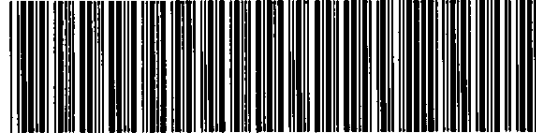
(Business Entity Name)

(Document Number)

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16 NOV 28 PM 1:54

D. SCOTT

NOV 29 2016

Date: 11/28/2016

Account #: I20000000088

Name: Marisa Kugelman

Reference #: M084500

ENTITY NAME: AMERICAN POOL AQUATIC SOLUTIONS, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Annual Report

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

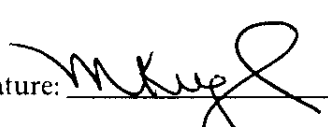
☐ Fictitious Name

☐ Other: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Please retain  
original file date

Authorized Amount: \$125.00

Signature: 

115 North Calhoun Street, Suite #4, Tallahassee, FL 32301

Telephone: (866) 625-0838 Fax: (866) 625-0839 International +1 (212) 947-7200

E-Mail: [info@nationalcorp.com](mailto:info@nationalcorp.com) Website: [www.nationalcorp.com](http://www.nationalcorp.com)

Date: 11/28/2016

Account #: I20000000088

Name: Marisa Kugelmann

Reference #: M084500

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TALLAHASSEE, FLORIDA

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Signature: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 14, 2016

NATIONAL CORPORATE RESEARCH, LTD.

SUBJECT: AMERICAN POOL AQUATIC SOLUTIONS, LLC  
Ref. Number: W16000076669

We have received your document for AMERICAN POOL AQUATIC SOLUTIONS, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 116A00024283

FILED  
16 NOV 10 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

1. American Pool Aquatic Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 58-2601401  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4200 Steve Reynolds Blvd., #13  
Norcross, GA 30093  
(Street Address of Principal Office)

6. 4200 Steve Reynolds Blvd., #13  
Norcross, GA 30093  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

\_\_\_\_\_  
(Registered agent's signature)

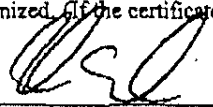
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

James E. Darke - 4200 Steve Reynolds Blvd., #13, Norcross, GA 30093 . Manager

Richard C. Naden - 11515 Cronridge Drive, Ste Q, Owings Mills, MD 21117 . Manager

Mitchell B. Friedlander - 11515 Cronridge Drive, Ste Q, Owings Mills, MD 21117 . Manager

9. Attached is a 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. (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

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 signer

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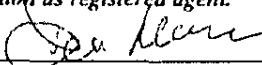
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(Registered agent's signature)

Deb Reeves  
Assistant Vice President

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Richard C. Naden, Manager

\_\_\_\_\_  
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**American Pool Aquatic Solutions, LLC**

**a Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number  
Date Inc/Auth/Filed  
Jurisdiction  
Print Date  
Form Number

FILED  
16 NOV 10 9H 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*B. P. Kemp*

Brian P. Kemp  
Secretary of State