## M18000002310

(Requestor's Name)
(Address)
(Address)
( iodicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodine it Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ţ

Office Use Only



000309982070

03/06/18==01022==003 \*\*125.00

18 MAR -6 AM 9: 04

B FIGUEROA MAR 0 8 2018

## COVER LETTER

Registration Section

TO:

Div	ision of Corporation	18				
SUBJECT:	ZODIAC POOL SO					
			Limited Liability (	`ompany		
		eign Limited Liability Comp d to register the above refero				
Please return	all correspondence c	oncerning this matter to the	following:			
	MONICA PAW	/LAK				
		N:	nne of Person			
	ZODIAC POO	, SOLUTIONS LLC				
		Fi	ım/Company			
	2620 COMME	RCE WAY				
			Address		···	
	VISTA, CA 92	180				
		City/Si	ate and Zip Code			
	MONICA.PAWI	.AK@ZODIAC.COM				
		E-mail address; (to be used	l for future annual	report notif	ication)	
For further is	nformation concernin	g this matter, please call;				
MO	ONICA PAWLAK		760 at (	597-8223	•	
_	Name c	f Contact Person	Area Code	Dayu	me Telephone Number	
Div Reg P.C	AILING ADDRESS: dision of Corporations distration Section b. Box 6327 dahassee, FL 32314			Division of Registratio Clifton Bu 2661 Exec		
	a check for the follow \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop.	

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

IN COMPLIANCE WITH SECTION 695/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

frame unavailable, enter alternate	name adopted for the purpose of transacting busines	is in Florida. The alternate name must include "I	ampted Labelty Company, "TELL Car or "LLC";
DELAWARE		3. 81-4198874	
	which lareign limited itability company is organized:		(NEI number, it applicable)
	(Unit first fransacted business in Florida, V.) (See sections 605 0904 & 605 0905, F.S. in	ornor to registration a	
2620 COMMERCE V		2620 66848 (50.60	WAY
(Street Address of		G	Jinnog Aduresso
VISTA, CA 92081		<u>VISTA, CA 92081</u>	· <b>=</b>
<u> </u>	<del></del>		<u></u>
			<b>7</b>
Name and street addic	ss of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	, en
Name:	CORPORATION SERVICE CO.	MPANY	- 130
	1961 HANG STRREET	·-·	3
Office Address:	1201 HAYS STREET	<del></del>	· ·
	TALLAHASSEE	Florida 323	01 🥌
istered agent's accep	(City)		(Zip x o.4e)
	Susan Castr		<del></del>
The name, title or cap:	(Registered a	gent's signature)	s/arc:
The name, title or capa Title or Capacity:	(Registered actity and address of the person(s) w	gent's signature)	s/are: Name and Address:
	Registered a acity and address of the person(s) w	gent's signamen no has/have authority to manage i	
Title or Capacity:	(Registered a acity and address of the person(s) wi Name and Address:	no has/have authority to manage a <u>Title or Capacity:</u> MANAGER	Name and Address:
Title or Capacity:	Registered a city and address of the person(s) water and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081	ho has/have authority to manage a  Title or Capacity:  MANAGER	Name and Address: MICHAEL J. ALLAN 2620 COMMERCE WAY
Title or Capacity: MANAGER	Registered a acity and address of the person(s) w  Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY  VISTA. CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY	MANAGER  JR.	Name and Address: MICHAEL J. ALLAN 2620 COMMERCE WAY
Title or Capacity: MANAGER	Registered a city and address of the person(s) with Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY	MANAGER  JR.	Name and Address: MICHAEL J. ALLAN 2620 COMMERCE WAY
Title or Capacity: MANAGER  MANAGER	acity and address of the person(s) with Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081	MANAGER  JR.	Name and Address: MICHAEL J. ALLAN 2620 COMMERCE WAY
Title or Capacity:  MANAGER  MANAGER  e attachments if neces	neity and address of the person(s) with Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY 2620 COMMERCE WAY VISTA, CA 92081	ho has/have authority to manage a  Title or Capacity:  MANAGER  A. IR.	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 92081
Title or Capacity:  MANAGER  MANAGER  e attachments if neces ttached is a certificate	Acity and address of the person(s) with Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY  VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY  VISTA, CA 92081  sary)  of existence, no more than 90 days	MANAGER  J. J	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 92081
Title or Capacity:  MANAGER  MANAGER  e attachments if neces ttached is a certificate diction under the law	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certification of the content of the certification of the certific	MANAGER  J. J	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)
MANAGER  MANAGER  MANAGER  e attachments if neces ttached is a certificate diction under the law are translator must be sa	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY  VISTA. CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY  VISTA. CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibratited)	MANAGER  And the state of the s	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under oa
MANAGER  MANAGER  MANAGER  e attachments if neces ttached is a certificate diction under the law are translator must be sufficiently and the sufficient of t	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY  VISTA. CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY  VISTA. CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibration) uted in accordance with section 605, of the Department of State constitutes	MANAGER  IR.  Old, duly authenticated by the off ficate is in a foreign language, a to 0203 (1) (b). Florida Statutes, I at	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under our aware that any false information.
MANAGER  Man	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibration) the Department of State constitutes	ho hes/have authority to manage a Title or Capacity:  MANAGER  And the control of	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under our aware that any false information.
MANAGER  MANAGER  MANAGER  Se attachments if neces attached is a certificate soliction under the law the translator must be sufficiently to the translator must be sufficiently to the soliction and the sufficient to the sufficien	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibration) the Department of State constitutes	ho hes/have authority to manage a Title or Capacity:  MANAGER  And the control of	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under our aware that any false information.
MANAGER  Man	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibration) the Department of State constitutes	MANAGER  IR.  Old, duly authenticated by the off ficate is in a foreign language, a to 0203 (1) (b). Florida Statutes, I at	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under our aware that any false information.
MANAGER  MANAGER  MANAGER  se attachments if neces Attached is a certificate soliction under the law he translator must be su This document is exec	acity and address of the person(s) wind Name and Address:  BRUCE BROOKS  2620 COMMERCE WAY VISTA, CA 92081  DAVID D. MCKENERY  2620 COMMERCE WAY VISTA, CA 92081  sary)  of existence, no more than 90 days of which it is organized. (If the certifibration) the Department of State constitutes	ho hes/have authority to manage a Title or Capacity:  MANAGER  And the control of	Name and Address:  MICHAEL J. ALLAN 2620 COMMERCE WAY VISTA, CA 9208)  icial having custody of records in the ranslation of the certificate under our aware that any false information.



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZODIAC POOL SOLUTIONS 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 FOURTEENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZODIAC POOL SOLUTIONS LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203758159

Date: 12-14-17