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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Pool Scouts Franchising, LLC	
		Name of Limited Liability Company
The em Existen	closed "Application by Foreign Limited ice, and check are submitted to register	Liability Company for Authorization to Transact Business in Florida," Certificate of the above referenced foreign limited liability company to transact business in Florida
Please	return all correspondence concerning th	is matter to the following:
	Michael Hull	
		Name of Person
	Pool Scouts Franchising, LL	С
		Firm/Company
	2829 Guardian Lane, Suite 1	00
		Address
	Virginia Beach, VA 23452	
		City/State and Zip Code
	mhull@buzzfranchisebrands.c	
	E-mail add	ress: (to be used for future annual report notification)
For fur	ther information concerning this matter.	, please call:
	Michael Hull	757 215-4116 at ()
	Name of Contact Pe	
	Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following Please make check payable to: FLOR	
	□ \$125.00 Filing Fee □ \$130.00	D Filing Fee & \$\Boxed{\Boxes}\$ \$155.00 Filing Fee & \$\Boxed{\Boxes}\$ \$160.00 Filing Fee, Certificate Certificate of Status \$\Boxed{\Boxes}\$ Certified Copy \$\Boxed{\Boxes}\$ of Status & Certified Copy

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

IN COMPIJANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO RECISIFR A FORFICIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate	name adopted for the purpose of transacting business in Fi-	orida The	alternate name must include "Limited L	iability Compan	w""I I C	" or "[1
	mine mayned for the purpose of datasetting obstices in an	OI AUG. I I K		ability Compai	ly, intac	,
Virginia		3	38-3986137			
(Jurisdiction under the law of which foreign limited liability company is organized)		5. (FEI number, if applicable)				
November 4, 2019						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registratio ne penalty	n.) y liability)			
6151 Lake Osprey Drive		4	2829 Guardian Lane			
reet Address of Principal Office)		0.	(Mailing Address)	-		
3rd Floor			Suite 100			
Sarasota, FL 34240			Virginia Beach, VA 23452	₩ in		
Name and street address	ss of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	Section 1	KM 20	
Name:	CT Corporation System			اران ماران ماران ماران	×	7
Office Address:	1200 South Pine Island Road		<u>.</u>	14.5° 14.5° 14.5°	<u>ကျ</u> ရော	
	Plantation		33324 . Florida			
	(Ciry)		, rionua(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.

Doma Peterson-Riggs		
	(Registered agent's signature)	

CT Corporation System, Donna Peterson-Riggs, Assist Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Michael Wagner Michael Hull □Manager Name: □ Manager Name: 2829 Guardian Lane, Ste 100 2829 Guardian Lane, Ste 100 □Member Address: □Member Address: [Virginia Beach, VA 23452 Virginia Beach, VA 23452 ☐ Authorized □ Authorized Person Person Officer - President Officer - CFO Other □Other___ Name: Carl Alfred □ Manager Name: _____ □Manager 2829 Guardian Lane, Ste 100 Address: □Member Address: _____ □Member Virginia Beach, VA 23452 Authorized □ Authorized Person Person □Other Other_ □Other Other___ □Manager □Manager Name: □Member ☐ Member Address: Address: □ Authorized □ Authorized Person Person □Other ___ □Other_ □Other_____ □Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 10. 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. Michael Hull

Typed or printed name of signee

Common boealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certifythe Following from the Pecards of the Commission:

That Rod Stouts Franchising LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the limited liability company was formed on December 10, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below

Nothing mare is hereby certified.



Sgned and Stated at Flormond on this Date March 16, 2020

goethick

Joe H. Peck, Clerk of the Commission