

22/22

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PORPOISE POOL & PATIO, 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:

Kate Hiles

\_\_\_\_\_  
Name of Person

Pinch A Penny, LLC

\_\_\_\_\_  
Firm/Company

6385 150th Avenue N.

\_\_\_\_\_  
Address

Clearwater, FL 33760

\_\_\_\_\_  
City/State and Zip Code

khiles@pinchapenny.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Hiles

727

531-8913

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 22, 2022

KATE HILES  
6385 150 AVE N  
CLEARWATER, FL 33760

SUBJECT: PORPOISE POOL & PATIO, LLC  
Ref. Number: W22000022179

We have received your document for PORPOISE POOL & PATIO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 322A00004298

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. PORPOISE POOL & PATIO, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 59-2046013  
(FEI number, if applicable)

4. ~~2-21-2022~~ 2-21-2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6385 150th Avenue N.  
(Street Address of Principal Office)

6. P.O. Box 6025  
(Mailing Address)

Clearwater, FL 33760

Clearwater FL 33758

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kate N. Hiles

Office Address: 6385 150th Avenue N.

Clearwater, Florida 33760  
(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)

22 FEB 25 PM 3:05  
FILED

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Hiles, Kate

☐ Member                      Address: 6385 150th Avenue N

☐ Authorized                      Clearwater, FL 33760

Person \_\_\_\_\_

☒ Other General Counsel                      ☒ Other Asst. Secretary

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Eisch, James Sr.

☐ Member                      Address: 6385 150th Avenue N.

☐ Authorized                      Clearwater, FL 33760

Person \_\_\_\_\_

☒ Other President                      ☒ Other CEO

☐ Manager                      Name: Eisch, James Jr.

☐ Member                      Address: 6385 150th Avenue N.

☐ Authorized                      Clearwater, FL 33760

Person \_\_\_\_\_

☒ Other CFO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Neil, Jennifer M.

☐ Member                      Address: 109 Northpark Blvd.

☐ Authorized                      Covington, LA 70433

Person \_\_\_\_\_

☒ Other VP                      ☒ Other Secretary

☐ Manager                      Name: Housey Hart, Melanie

☐ Member                      Address: 109 Northpark Blvd.

☐ Authorized                      Covington, LA 70433

Person \_\_\_\_\_

☒ Other VP                      ☐ Other Treasurer

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_


Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PORPOISE POOL & PATIO, 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 TWENTY-THIRD DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PORPOISE POOL & PATIO, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2022.



6578041 8300

SR# 20220643338

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202738475

Date: 02-23-22