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

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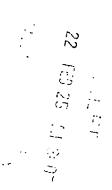


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ALLAHASSEE, FLORD

RECEIVED



T. LEMIEUX

COVER LETTER

TO:

	PORPOISE POOL & PATIO, LLC					
UBJI	UBJECT:					
	Nan	ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid				
lease	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 b	e used for future annual report notification)				
or fur	ther information concerning this matter, please ea	ıll:				
	Kate Hiles	727 531-8913 at ()				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
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 amount: Please make check payable to: FLORIDA DE	PARTMENT OF STATE				
	\$125.00 Filing Fee S130.00 Filing Fe Certificate	ce & S155.00 Filing Fee & \$160.00 Filing Fee, Certificate				



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.

Letter Number: 322A00004298

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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

Registered agent's acceptance:

Office Address:

Name:

Kate N. Hiles

Clearwater

6385 150th Avenue N.

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. 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:	Title or Capacity:	Name and Address:
□Manager	Name: Hiles, Kate	□Manager	Name: Eisch, James Sr.
□Member	Address: 6385 150th Avenue N	□Member	Address: 6385 150th Avenue N.
□Authorized	Clearwater, FL 33760	□Authorized	Clearwater, FL 33760
Person		Person	
General Co	unsel Asst. Secretary Other	President Other	CEO ■Other
□Manager	Name: Eisch, James Jr.	□Manager	Neil, Jennifer M.
□Member	Address: 6385 150th Avenue N.	□Member	Address: 109 Northpark Blvd.
□Authorized	Clearwater, FL 33760	□Authorized	Covington, LA 70433
Person		Person	
■Other	Other	■ Other VP	■ Other
□Manager	Name: Housey Hart, Melanie	□Manager	Name:
□Member	Address: 109 Northpark Blvd.	□Member	Address:
□Authorized	Covington, LA 70433	□Authorized	
Person		Person	
■Other	Other Treasurer	□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 out 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

Page 1



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.



Authentication: 202738475

Date: 02-23-22