

M22000014606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

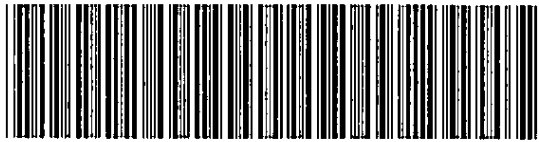
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
*Rec'd 9-19-22*  
*1282-95211*

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SECRETARY OF STATE  
MAIL SERVICE DIVISION

2022 SEP 19 AM 11:48

FILED

SEP 21 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: S & A Pool Care, 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:

April Whitworth  
Name of Person

S & A Pool Care, LLC  
Firm/Company

6061 Colonial PKWY Unit 2101  
Address

Gulf Shores, AL. 36542  
City/State and Zip Code

sanda.poolcare@gmail.com  
E-mail address: (to be used for future annual report notification)

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2022 SEP 19 AM 11:48

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For further information concerning this matter, please call:

April Whitworth at ( 850 ) 529-5885  
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 @ 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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING I SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. S & A Pool Care, 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. Gulf Shores AL 3. 87-3599525  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 2022  
(Date first transacted business in Florida, if prior to registration. (See sections 602.0904 & 602.0905, F.S. to determine penalty liability.)

5. 6061 Colonial PKWY 6. 6061 Colonial PKWY  
(Street Address of Principal Office) (Mailing Address)

Unit 7101 Unit 7101  
Gulf Shores, AL. 36542 Gulf Shores, AL. 36542

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

Name: N.E.S. Pool Leak Detection LLC  
Office Address: 8117 Westbourne Dr.  
Pensecola, Florida 32506  
(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 competent performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DLA - D. Skipp

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2022 SEP 19 AM 11:48  
TAMPA COUNTY CLERK  
OFFICE

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]:

<u>Title or Capacity:</u>		<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____	_____	_____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Chad Skipper</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>8117 Westbourne Dr</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Pensecola, FL</u> <u>32506</u>	<input type="checkbox"/> Authorized Person	_____
	_____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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.

*April Whitworth*  
 Signature of an authorized person

April Whitworth  
 Typed or printed name of signee

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that S & A Pool Care, LLC was formed in Alabama, Alabama on November 17, 2021. The Alabama Entity Identification number for this entity is 000-953224. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20220816000005102

**In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.**

08/16/2022

Date

A handwritten signature in black ink that reads "John H. Merrill".

John H. Merrill

Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2022

APRIL WHITWORTH  
6061 COLONIAL PKWY UNIT 7101  
GULF SHORE, AL 36542

SUBJECT: S & A POOL CARE LLC  
Ref. Number: W22000095211

We have received your document for S & A POOL CARE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

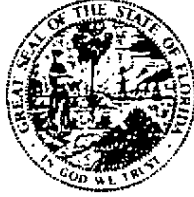
Title cannot be Registered Agent. Please select a title(s) for Chad Skipper.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 222A00019308

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SEP 1 9 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2022

APRIL WHITWORTH  
6061 COLONIAL PKWY UNIT 7101  
GULF SHORE, AL 36542

SUBJECT: S AND A POOL CARE LLC  
Ref. Number: W22000095211

We have received your document for S AND A POOL CARE LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 022A00018559



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2022

APRIL WHITWORTH  
6061 COLONIAL PKWY UNIT 7101  
GULF SHORE, AL 36542

SUBJECT: S AND A POOL CARE LLC  
Ref. Number: W22000095211

We have received your document for S AND A POOL CARE LLC and your check(s) totaling \$160.00. 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.

Consina Griffin-Greaux  
Regulatory Specialist II

Letter Number: 622A00016239