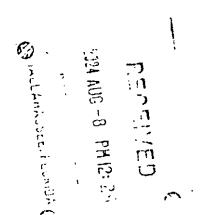
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· ·	(Requestor's Name)
<u>. </u>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/08/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference #:	2463291	
Entity Name:	POOLTEK POOL S	ERVICES, LLC
	es of Incorporation/Authorization to Tra	nsact Business
☐ Chang	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$125.00	
Signature:	Crayant Re-	

F: +852.2682.9790

COVER LETTER

	POOLTEK I	POOL SERVICES, LLC
SUBJECT:		e of Limited Liability Company
The small contribution		, , .
		Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please return all c	orrespondence concerning this matter to	the following:
		Dayli Betancourt
		Name of Person
	-	Trivest Partners
		Firm/Company
	2811 Ponce	e de Leon Blvd., Suite 400
		Address
	Cora	al Gables, FL 33134
	Ci	ity/State and Zip Code
		ncourt@trivest.com
_	E-mail address: (to be	used for future annual report notification)
For further inform	ation concerning this matter, please call	1:
	Dayli Betancourt	305 858-2200
	Name of Contact Person	Area Code Daytime Telephone Number
Division Registrat P.O. Box	of Corporations ion Section 6327 see, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amount: ake check payable to: FLORIDA DEP:	ARTMENT OF STATE
⊠ \$125	.00 Filing Fee S130.00 Filing F Certificate o	

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

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

	POOLTEK POOL S	ERVICE	S, LLC		_
(Name of Foreign Limite	ed Liability Company; must include "Limite	d Liability Cor	npany," "L.L.C.,"	or "LLC,")	
unavailable, enter alternate name ad	opted for the purpose of transacting business in Flo	nda. The alternat	e name must include	"Limited Liability Company," "L.L.C," or "L	 !.C.")
	aware	3.			
arseliction under the law of which for	eign limited liability company is organized)			(FEI number, if applicable)	_
f (Date first transacted business in Florida, if prior to See sections 605 0904 & 605,0905, F.S. to determi	registration) ne penalty habili	tyı		
2811 PONCE DE	LEON BLVD.	6.			
(Street Address of Principa	l Office)	o	- (Mailing Address)	_
SUITE 4	400				
				=+** 101	_
CORAL GABLE	S, FL 33134				
me and <u>street address</u> of l Name:	Florida registered agent: (P.O. Box Cogency Global Inc.	NOT acce	ptable)		
Office Address:	115 North Calhoun St. Sui	te 4	_		
	Tallahassee		, Florida	32301	
	(Cny)			(Zip code)	
nated in this application, uply with the provisions of	e: red agent and to accept service of p I hereby accept the appointment a of all statutes relative to the proper ny position as registered agent.	s registered	agent and agr	ee to act in this capacity. I furt	her
	/s/ Xavian Brown, Assi (Registered agent's		ary		

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: Title or Capacity: Name and Address: Name and Address: Pool Services Holdings, L.P. McAndrew Rudisill **⊠**Manager Name: Manager Name: 2811 Ponce de Leon BLVD 3482 Keith Bridge Rd Address: Member ☐ Member Address: Suite 400, Coral Gables, FL 33134 #210 Authorized Authorized Cumming, GA 30041 Person Person ⊼lOther Interim CEO Other Other____ Other____ Manager Name: _____ Manager Name: _____ Member Address: _____ __ Member Address: Authorized Authorized Person Person __Other____ Other_ Other Other Manager Name: Manager | Name: Member Address: _____ | Member 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. Yard Jahnan Signature of an authorized person

David Gershman

Typed or printed name of signed

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "POOLTEK POOL SERVICES, 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POOLTEK POOL SERVICES, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2024.

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

Authentication: 204116177

Date: 08-08-24

4583216 8300 SR# 20243360199