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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Div	rision of Corporations			
BJECT:	AQUA POOL SUPPLY, LLC			
13.12.	ne of Limited Liability Company			
enclosec stence, ar	I "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.		
ase return	all correspondence concerning this matter t	to the following:		
	JASON GOODWIN			
		Name of Person		
	 - -	Firm/Company		
	1819 W. ROSE GARDEN LANE, SU	SITE I		
	· — ' —	Address		
	PHOENIX, AZ 85027			
		City/State and Zip Code		
		AQUAPOCISSUPPIY@ amail (0		
	E-mail address: (to be	e used for future annual report notification)		
further ir	nformation concerning this matter, please ca	aft:		
JAS	SON GOODWIN	480 600-4168		
	Name of Contact Person	at () Area Code Daytime Telephone Number		
Res Div P.C	iling Address: gistration Section vision of Corporations). Box 6327 llahassee. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
P.C Tal Enc Plea	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PARTMENT OF STATE ce & \$\Begin{array} \$\frac{1}{2}		

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

IN COMPLENCE WITH SECTION 66500Q, FLORIDA STATUTES, THE FOLLOWING ISSUBMITTED TO REGISTER A FOREIGN TAMINED LABILITY COMPANY TOTRANS ICT BUSINESS IN THE STATUTE OF FLORIDA.

name unavailable, enter alternate	name adopted for the purpose of transacting business in blor	ida. The alternate name must include "Limited Liability Compan	C," "L.I .C," or "LI	
ARIZONA		3. 2341888 (Fit number, (Capplicable)		
(Jurisdiction under the law of a	which foreign limited liability company is organized)	(FEI number, if applicable	1	
N/A				
	(Date hist transacted business in Florida, if prior to re (See sections 605 (1984)), 605 (1985), E.S. to determine	ostration) regular fability (
1819 W. ROSE GARI		1819 W. ROSE GARDEN LANE		
reet Address of Principal Office)		6. Mailing Address)		
SUITE I		SUITE I		
PHOENIX, AZ 85027		PHOENIX, AZ 85027		
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	LAUREN FLEWELLYN		Zuzh AUG	
Office Address:	704 MARINERS WAY		23	
	BOYNTON BEACH	33435	PH	
	(City)	Florida	2: 5	

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: ___ □Manager Name: _____ **≣**Manager 1819 W. ROSE GARDEN LN □Member Address: □ Member SUITE 1 □ Authorized □ Authorized PHOENIX, AZ 85027 Person Person Other____ Other___ □Other____ Other____ Name: __ _____ □Manager Name: _____ ■Manager □Member □Member Address: ______ Address: □ Authorized □ Authorized Person Person □Other_____ □Other____ Other_____ Other_ ____ Name: _____ □ Manager □ 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 \$.817.155, F.S. Signature of an authorized person

Typed or printed name of signee

JASON GOODWIN





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Aqua Pool Supply LLC

ACC file number: 23418888

was incorporated under the laws of the State of Arizona on 09/02/2022, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. Thave bereunto set my hand, attived the official seaf of the Arizona. Corporation Commission, and issued this Certificate on this date: 08/22/2024

Douglas R. Clark, Executive Director

Righ R.Clark



