

**M 990 00000447**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000103321 3)))



H240001033213ABCQ

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

2024 MAR 18 PM 2:50  
TALLAHASSEE, FL

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED

2024 MAR 18 PM 3:43

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHARGER WATER TREATMENT PRODUCTS, L.L.C.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

H24000103321

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CHARGER WATER TREATMENT PRODUCTS, L.L.C.

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M99000000447

3. Jurisdiction of its organization: ILLINOIS

4. Date authorized to do business in Florida: 03/24/1999

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CAPITOL CORPORATE SERVICES, INC.

New Registered Office Address: 515 EAST PARK AVENUE 2ND FL

*Enter Florida Street Address*

TALLAHASSEE

Florida 32301

*City*

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Brian Radecki*

Brian Radecki, Assistant Secretary, on  
behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

H24000103321

H24000103321

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

DELAWARE

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|-----------------------|-------------|----------------|---------------------------------|
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |
| _____                 | _____       | _____          | <input type="checkbox"/> Add    |
| _____                 | _____       | _____          | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

STEVEN FEIGER

Typed or printed name of signer

Filing Fee: \$25.00

H24000103321

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF CONVERSION OF AN ILLINOIS LIMITED  
LIABILITY COMPANY UNDER THE NAME OF "CHARGER WATER TREATMENT  
PRODUCTS, L.L.C." TO A DELAWARE LIMITED LIABILITY COMPANY, FILED  
IN THIS OFFICE ON THE TWENTIETH DAY OF DECEMBER, A.D. 2023, AT  
1:49 O'CLOCK P.M.



2798013 8100F  
SR# 20234287320

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 "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204869988  
Date: 12-20-23

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 01:49 PM 12/20/2023  
FILED 01:49 PM 12/20/2023  
SR 20234287320 - FileNumber 2798013

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO A  
DELAWARE LIMITED LIABILITY COMPANY  
PURSUANT TO SECTION 18-214 OF  
THE DELAWARE LIMITED LIABILITY COMPANY ACT

1. The jurisdiction where the non-Delaware limited liability company was first formed is ILLINOIS and the date the non-Delaware limited liability company first formed is 10/08/1997.
2. The jurisdiction immediately prior to filing this Certificate is ILLINOIS.
3. The name of the non-Delaware limited liability company immediately prior to filing this Certificate is CHARGER WATER TREATMENT PRODUCTS, L.L.C..
4. The name of the limited liability company as set forth in the Certificate of Formation is CHARGER WATER TREATMENT PRODUCTS, L.L.C..

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
20th day of DECEMBER, A.D. 2023.

By: 

Authorized Person

Name: JAMES M. MAINZER, ESQ.

Print or Type

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND  
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CHARGER WATER  
TREATMENT PRODUCTS, L.L.C." FILED IN THIS OFFICE ON THE  
TWENTIETH DAY OF DECEMBER, A.D. 2023, AT 1:49 O'CLOCK P.M.



2798013 8100F  
SR# 20234287320

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



Jeffrey W. Bullock, Secretary of State

Authentication: 204869988  
Date: 12-20-23

STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is CHARGER WATER TREATMENT PRODUCTS, L.L.C.

2. The Registered Office of the limited liability company in the State of Delaware is located at 300 CREEK VIEW ROAD, SUITE 209 (street), in the City of NEWARK, Zip Code 19711. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is UNIVERSAL REGISTERED AGENTS, INC.

By: \_\_\_\_\_

Authorized Person

Name: JAMES M. MAINZER, ESQ.

Print or Type