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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
W15-25	192	

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COVER LETTER

TO:	Charter Section Division of C			
SUBJ	ECT: Po	pl-RiFic S	ERVICES /NC.	
		-	g Florida Profit Corporation	
conve			•	and fees are submitted to tion" in accordance with s.
Please	return all corre	espondence concerning	g this matter to:	
	Mic	MAS / L. Contact Person	SANDEI/	
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	39.	10 SE 9 HA Address	5 <i>T</i>	
	CAZ	OR CORA/ /	CL 33904	
P.	OO RIFIC SE	PUICES (D) 9 MAI/. De used for future annual re	Compeport notification)	
For fu	rther informatio	on concerning this mat	ter, please call:	_
M_i	Ke San Name of Cont	de ll act Person	at (239) 32 Area Code and Daytin	21 9788 ne Telephone Number
Enclos	sed is a check fo	or the following amou	nt:	
Z \$10:	5.00 Filing Fees	□\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	☐\$122.50 Filing Fees, Certified Copy, and Certificate of Status
New F Division Clifton	ET ADDRESS Filings Section on of Corporati Building Executive Center	ons	MAILING A New Filings S Division of C P. O. Box 632 Tallahassee, F	Section orporations 27

Tallahassee, FL 32301



April 13, 2015

MICHEL L. SANDELL 3910 SE 9TH ST CAPE CORAL, FL 33904

SUBJECT: POOL - RIFIC SERVICES LLC

Ref. Number: W15000025192

We have received your document for POOL - RIFIC SERVICES LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Articles of Incorporation, if any.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

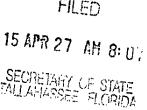
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 115A00007203



Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Pool-Rific SERVICES LLC - L11-36637
Enter Name of Other Business Entity
2. The "Other Business Entity" is a <u>Limited Liability Company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of
on 03-28-2011
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> Incorporation: Pool-Rific SERVICES /NC.
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: 4-1-2015 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

4-2-15

	1					
Signed this 2 day of April	, 20					
Required Signature for Florida Profit Corporation:						
Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Printed Name: Michael L. Sandill Title: DWNER - PRESTOENT						
Required Signature(s) on behalf of Other Busines signature(s).]	•					
Signature: MICHAEL L SANDELL	Title: <u>OWNER</u>					
Signature:Printed Name:	Title:					
Signature:Printed Name:						
Signature:Printed Name:						
Signature:Printed Name:	Title:					
Signature:Printed Name:	Title:					
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnership:	;				
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	<u>)</u>				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative	÷.	•				
All others: Signature of an authorized person.						
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)					



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profits AFR 27 AM 8: 0)

	- RIFIC SERVICES INGECRETARY
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
3910 SE 9th ST	
CAPE CORAL FL 339	
ARTICLE III PURPOSE The purpose for which the corporation is organized is	::
Construction AND REDAIR	.(
·	
ARTICLE IV SHARES 200 Co.	
the number of shares of stock is: 300 Co	47 H (ON
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: MichAEL L. SANDEL	, OWNER - PRESIDENT
Name and Title: //// MABL A. SANDEI	Name and Title:
Address: 3910 SE 974 ST	Address:
_	au/
CAPE CORAL FL 33	904
CAPE CORAL FL 33	904
CADE CORAL FL 33	Name and Title:
CADE CORAL FL 33	Name and Title:
CADE CORAL FL 33	Name and Title:
CAPE CORAL FL 33	Name and Title:
CAPE CORAL FL 33 Name and Title: Name and Title:	Name and Title: Address: Name and Title:
CAPE CORAL FL 33 Name and Title: Name and Title:	Name and Title: Address:
CADE CORAL FL 33 Name and Title: Address: Name and Title:	Name and Title: Address: Name and Title:
CAPE CORAL FL 33 Name and Title: Address: Address:	Name and Title: Address: Name and Title:
CARE CORAL FL 33 Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT	Name and Title: Address: Name and Title: Address:
Name and Title: Address: Address: Address: Article vi Registered Agent The name and Florida street address (P.O. Box NOT	Name and Title: Address: Name and Title: Address: acceptable) of the registered agent is:
CAPE CORAL FL 33 Name and Title: Address: Address:	Name and Title: Address: Name and Title: Address: acceptable) of the registered agent is:

ALEB ALEB

15 APR 27 AM 8: 0.

Name: Michael L. SANDEII	SECRETARY OF STATE TALLAHASSEE SCORIDA
Address: 3910974 ST	or other
CAPE CURAL FL 33904	
************	*****
Having been named as registered agent to accept service of pr designated in this certificate, I am familiar with and accept the ap- capacity	
Me	4-2-15
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein submitted in a document to the Department of State constitutes a t	
	4-2-15
Required Signature/Incorporator	Date
	EFFECTIVE DATE 5/1/2015
	EFFECTIVE DATE

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: