

P15000042509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

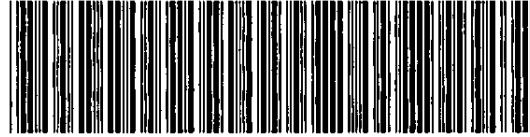
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200272591732

04/23/15--01010--018 **105.00

FILED
15 APR 23 AM 8:24
TALLAHASSEE FLORIDA

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: ROONEY POOLS SPA AND SPA LLC

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

ROONEY DUPUY

Contact Person

ROONEY POOLS SPA AND SPA LLC

Firm/Company

PO BOX 813382

Address

HOLLYWOOD FL 33081

City, State and Zip Code

ROONEY_POOLS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROONEY DUPUY

Name of Contact Person

at (954) 3942646

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 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

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation 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:

ROONEY POOLS SPA AND SPA ~~INC~~ LLC LO46080048571

Enter Name of Other Business Entity

2. The "Other Business Entity" is a ROONEY POOLS SPA AND SPA LLC
(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 FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 05-14-2008
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:

N/A

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:

ROONEY POOLS SPA AND INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(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.)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 APR 23 AM 8:24

Signed this 20 day of APRIL, 2015.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: ROONEY DUPUY

Printed Name: ROONEY DUPUY Title: PRESIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: ROONEY DUPUY Title: PRESIDENT

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ROONEY POOLS ~~AND SPA~~ AND SPA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address
PO BOX 813382

9410 TANGERINE PL #107
HOLLYWOOD, FL 33081

DAVIE FL 33324

Mailing address, if different is:

PO BOX 813382

HOLLYWOOD, FL 33081

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROONEY DUPUY (P)

Address: PO BOX 813382
HOLLYWOOD, FL 33081

Name and Title:

Address:

9410 TANGERINE PL #107
DAVIE FL 33324

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ROONEY DUPUY
Address: PO BOX 813382
HOLLYWOOD, FL 33081

9410 TANGERINE PL SUITE 107
DAVIE, FL 33324


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROONEY DUPUY
Address: PO BOX 813382
HOLLYWOOD, FL 33081

9410 TANGERINE PL SUITE 107
DAVIE FL 33324

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity




Required Signature/Registered Agent

04/20/2014

Date

I submit this document and affirm that the facts stated herein are true. 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.



Required Signature/Incorporator

04/20/2014

Date

FILED
15 APR 23 AM 8:24
STATE OF FLORIDA
TALLAHASSEE