F2400003350

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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EDB 2 0 2024 K. Brumbley



June 17, 2024

CSC

Piease give original submission date as file date.

SUBJECT: NATIONAL POOL PARTNERS INC.

Ref. Number: W24000091428

We have received your document for NATIONAL POOL PARTNERS INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$600.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones Regulatory Specialist II

> RECEIVED 2014 JUN 20 AM II: 22 PALLAHASSES : PAIS S

Letter Number: 824A00013093

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 600.0 ORDER DATE : 06/20/24 ORDER TIME : ORDER NO. : CUSTOMER NO: FOREIGN FILINGS NAME: National Pool Partners Inc. _____ QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY ✓ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON:

EXAMINER:

CORPORATION SERVICE COMPANY

1201 Hays Street

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

' IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

under the law of which it is incorporated.

0.5	7.1.1			
	lable in Florida, enter alternate corporate nam			
Delaware (State or country under the law of which it is incorporated)		85-3369509 3		
		(FEI number, if applic	(FEI number, if applicable)	
10/2/2020		5		
(Dat	e of incorporation)	(Date of duration, if other than	f duration, if other than perpetual)	
12/28/2020				
	(Date first transacted business	in Florida, if prior to registration)		
ISTEN Wasteh		1502, F.S., to determine penalty liability)		
TOTT N. WESISH	ore Blvd, Suite 260, Tampa, FL 33607			
	(Principal o.	ffice street address)		
<u> </u>				
	(Current mail	ing address, if different)	2	
			2024.	
Name and stre	et address of Florida registered agent: (P	O. Box NOT acceptable)	· :	
Name:	Corporation Service Company		- · ·	
Office Address:	1201 Hays Street			
			#i	
	Tallahassee	, Florida	1.3	
	(City)	(Zip code)		
wing been nam signated in this ther agree to c d I am famillar	ent's acceptance: ned as registered agent and to accept serve capplication, I hereby accept the appoint comply with the provisions of all statutes with and accept the obligations of my p	ment as registered agent and agree to relative to the proper and complete pe	act in this canacit	
	Corporation Service Company			
	Shauna G			

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Dave Knutson Hal Denbar Chairman □ Chairman Name: 1511 N. Westshore Blvd 1511 N. Westshore Blvd □Vice Chairman Address: ☐ Vice Chairman Address: Suite 260 Suite 260 Director Director Tampa, FL 33607 Tampa, FL 33607 □President □ President ☐Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary □Treasurer Chief Financial O: Chief Executive C Other Other Other □Other _____ □ Chairman Name: Chairman Name: ____ □Vice Chairman Address: _____ □Vice Chairman Address: ___ □ Director Director □ President □ President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer Other ___ □Other _____ Other____ Chairman Name: _____ ☐ Chairman Name: _____ □Vice Chairman Address: ______ ☐ Vice Chairman Address: ____ □ Director Director ☐ President □ President □ Vice President ___ ☐ Vice President ☐ Treasurer ☐ Secretary □ Secretary ☐ Treasurer □Other_____ □Other _____ Other ____ ☐Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

David Knutson, CFO

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NATIONAL POOL PARTNERS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONAL POOL PARTNERS INC." WAS INCORPORATED ON THE SECOND DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

STATE OF THE PARTY OF THE PARTY

Authentication: 203709303

Jeffrey W. Businch, Secretary of State

Date: 06-14-24