

Certificate of Limited Partnership

A24000000390
FILED
July 31, 2024
Sec. Of State
msolomon

Name of Limited Partnership:

FAMILY TIDES POOL CARE, LLLP

Street Address of Limited Partnership:

8244 MOSSBORGER AVE
NORTH PORT, FL. 34287

Mailing Address of Limited Partnership:

8244 MOSSBORGER AVE
NORTH PORT, FL. 34287

The name and Florida street address of the registered agent is:

KELLY BIRK
8244 MOSSBORGER AVE
NORTH PORT, FL. 34287

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KELLY BIRK

The name and address of all general partners are:

Title: G
JOSEPH J BIRK
8244 MOSSBORGER AVE
NORTH PORT, FL. 34287

Title: G
TYLER J PEACOCK
23103 AUGUST AVE.
PORT CHARLOTTE, FL. 33954

Title: G
ALEXIS PEACOCK
23103 AUGUST AVE.
PORT CHARLOTTE, FL. 33954

Title: G
KELLY BIRK
8244 MOSSBORGER AVE
NORTH PORT, FL. 34287

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The effective date for this Limited Partnership shall be:

08/03/2024

This Limited Partnership is a Limited Liability Limited Partnership.

Signed this Thirty First day of July, 2024

I (we) declare the I (we) have read the foregoing and know the contents thereof
and that the facts stated herein are true and correct.

General Partner Signature: JOSEPH BIRK

General Partner Signature: TYLER PEACOCK

General Partner Signature: ALEXIS PEACOCK

General Partner Signature: KELLY BIRK

The individual(s) signing this document affirm(s) that the facts stated herein are true and
the individual(s) is/are 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.