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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: G.A.C. Pools Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00 Filing Fee	☐ $78.75 Filing Fee & Certificate of Status	☐ $78.75 Filing Fee & Certified Copy	☒ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Christine Spray
Name (Printed or typed)

1261 SW Fox Ct
Address

Port Saint Lucie FL. 34953-6863
City, State & Zip

1-772-873-2760
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GAC Pools Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1261 SW Fox Ct.
Port Saint Lucie FL. 34953-6863

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Locate water Loss in swimming pools

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Christine Spray – Officer
1261 SW Fox Ct
Port Saint Lucie FL. 34953-6863

Gordon Spray – Directo
1261 SW Fox Ct
Port Saint Lucie FL.
34953-6863

ARTICLE VI REGISTERED AGENT

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

Christine Spray
1261 SW Fox Ct
Port Saint Lucie FL. 34953-6863

S Christine Spray
P Christine Spray

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Christine Spray
1261 SW Fox Ct
Port Saint Lucie FL. 34953-6863

S Christine Spray
P. Christine Spray

****

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

Christine Spray
Signature/Registered Agent

11-19-03
Date

Christine Spray
Signature/Incorporator

11-19-03
Date