

P05000103499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

11/17/05

TRANSMITTAL LETTER

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

SUBJECT: ADVANCED Pool & SPA key west, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
S- Corp

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: VICTOR LYNN HUFF
Name (Printed or typed)
6620 Maloney Ave # 12
Address
key west FL 33040
City, State & Zip
305- 766 0870
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)

ARTICLE I NAME

The name of the corporation shall be:

Advanced Pool & SPA Key West, FWC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6620 MALONEY AVE #12
Key West FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the Purpose or Purposes for which the corporation is formed is to engage in any activity within the purposes for which corporations may be formed under the Business Corporation Act of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VICTOR LYNN HUFA President
6620 MALONEY AVE #12
Key West FL 33040

ARTICLE VI REGISTERED AGENT

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

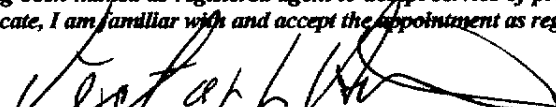
VICTOR LYNN HUFA
6620 MALONEY AVE #12
Key West FL 33040

ARTICLE VII INCORPORATOR

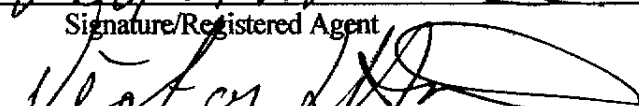
The name and address of the Incorporator is:

VICTOR LYNN HUFA
6620 MALONEY AVE #12
Key West FL 33040

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


Signature/Registered Agent

7-18-05
Date


Signature/Incorporator

7-18-05
Date

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05 JUL 22 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA