

P12000027773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instruction to Filing Officer:

No \$

Office Use Only



000195713060

03/22/12--01007--003 **70.00

W2-10139

RECEIVED
12 FEB 20 PM 3:34
DIVISION OF CORPORATIONS

FILED
12 MAR 21 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAR 22 2012

COVER LETTER

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

SUBJECT: UVB POOLS CORP.

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Alba J. Casallas
Name (Printed or typed)

403 sw Leona Dr.
Address

Port st. Lucie, Fl 34953
City, State & Zip

561-3798240
Daytime Telephone number

jcr0703@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2012

ALBA J. CASALLAS
403 SW LEONA DR
PORT ST LUCIE, FL 34953

SUBJECT: UVB POOLS CORP.
Ref. Number: W12000010139

We have received your document for UVB POOLS CORP.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 712A00007561



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2012

ALBA J. CASALLAS 2ND ML
PO BOX 15153
WEST PALM BEACH, FL 33416

SUBJECT: UVB POOLS CORP.
Ref. Number: W12000010139

We have received your document for UVB POOLS CORP.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 712A00007561

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: **UVB POOLS CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

403 sw Leona dr. port st lucie fl 34953

Mailing address, if different is:

Po box, 15153 West Palm Beach 33416 Fla.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool Cleaning

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alba J. Casallas/ President Name and Title: _____

Address: _____ Address: _____

403 sw Leona Dr. Port st Lucie Fl. 34953

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alba J. Casallas

Address: 403 sw Leona Dr. Port st Lucie Fl, 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alba J. Casallas

Address: 403 sw Leona Dr. Port st Lucie Fl, 34953

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

Alba J. Casallas
Required Signature/Registered Agent

02-17-12
Date

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

Alba J. Casallas
Required Signature/Incorporator

02-17-12
Date

FILED
12 MAR 21 PM 4:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA