

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000113870 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

Account Number : I2007000033

: (305)649-7040

Fax Number : (305)643-3237

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION DR. POOLS OF MIAMI CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

850-617-6381

5/24/2013 2:56:32 PM PAGE 1/001 Fax Servor



May 24, 2013

FLORIDA DEPARTMENT OF STATE

PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

SUBJECT: DR. POOLS OF MIAMI CORP.

REF: W13000030549

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity must be identical throughout the document.

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

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: H13000113870 Letter Number: 013A00013157

FILED

13 MAY 24 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DR. POOLS OF MIAMI CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1224 SW 13th AVE MIAMI, FL 33135

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ANA ISABEL ARAICA 4011 W FLAGLER ST STE 501 CORAL GABLES, FL 33134

ARTICLE V: THE MANNER IN WHICH DIRECTORS ARE ELECTED OR APPOINTED IS:

This Corporation may engage or transact any or all lawful activities or business permitted under the laws of the US, the State of Florida, Country, Territory or Nation.

FILED

13 MAY 24 PM 12: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE VI INCORPORATORS(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANA ISABEL ARAICA 4011 W FLAGLER ST STE 501 CORAL GABLES, FL 33134

ARTICLE VII DIRECTOR(S)

The name (s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

REYNALDO D FLORES 1224 SW 13th AVENUE MIAMI, FL 33135 **PRESIDENT**

The undersigned incorporator(s) has(have) executed these Articles of incorporation this May 21st, 2013.

IGNATURE

FILED

13 MAY 24 PM 12: 38

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICETALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statues, the undersigne corporation, organized under the laws of the State of Florida, submits the following statement i designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

DR. POOLS OF MIAMI CORP.

1. The name and address of the registered agent and office is:

ANA ISABEL ARAICA 4011 W FLAGLER ST STE 501 Coral Gables, FL 33134

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE