

P/30000 93958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

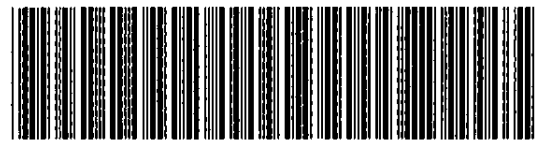
(Business Entity Name)

(Document Number)

Certified Copies           Certificates of Status     

Special Instructions to Filing Officer:

Office Use Only



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11/18/13--01014--018 \*\*87.50

SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
18 NOV 18 PM 12:49

*[Handwritten Signature]*  
11/19/13

**COVER LETTER**

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

SUBJECT: Reef Pools Service 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: Garrett Jones  
Name (Printed or typed)  
5801 NW 18 ct.  
Address  
Margate, FL 33063  
City, State & Zip  
954-319-1253  
Daytime Telephone number  
Garrettjones808@yahoo.com  
E-mail address: (to be used for future annual report notification)

**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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 NOV 19 PM 12:19

**ARTICLE I NAME**  
The name of the corporation shall be: Reef pools service Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different

5801 NW 18 ct.  
Margate, FL 33063

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Pool cleaning service

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>President</u>	Name and Title:	_____
Address	<u>Garrett Jones</u>	Address:	_____
	<u>5801 NW 18 ct</u>		_____
	<u>Margate, FL 33063</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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: Garrett Jones

Address: 5801 NW 18 ct.

Margate, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Garrett Jones

Address: 5801 NW 18 ct.

Margate, FL 33063

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

11-11-13  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11-11-13  
Date