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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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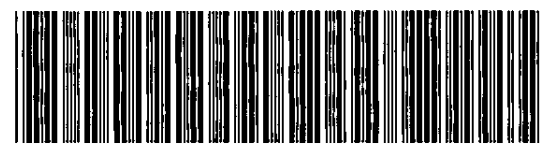
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Office Use Only



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FILED  
14 OCT - 1 PM 4:06  
TALLAHASSEE, FLORIDA

11/11/14 51360 WMD 10/11

## COVER LETTER

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

POOLCARE, INC.

**SUBJECT:** \_\_\_\_\_  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

**FROM:** Daniel Arce  
Name (Printed or typed)

**ADDRESS**      **17460 SW 113<sup>th</sup> Court**

**MIAMI, FL., 33157**

\_\_\_\_\_  
City, State & Zip

**305.233.1477**

\_\_\_\_\_  
Daytime Telephone number

**E Mail - DPS2@BELLSOUTH.NET**

\_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2014

DANIEL ARCE  
17460 SW 113TH COURT  
MIAMI, FL 33157

SUBJECT: POOLCARE, INC  
Ref. Number: W14000051360

We have received your document for POOLCARE, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00018055

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)

14 OCT - 1 PM 4:06  
RECEIVED  
CLERK OF DISTRICT COURT  
MIAMI, FL 33133

### **ARTICLE I NAME**

The name of the corporation shall be: POOLCARE, INC

### **ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**15423 SOUTH WEST 113<sup>TH</sup> STREET  
MIAMI, FL 33196**

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO PROVIDE SERVICE & TO MAINTAIN CUSTOMER'S SWIMMING POOLS  
AND ANY OTHER LAWFUL PURPOSE WE ARE INTITLED TO PERFORM.**

### **ARTICLE IV SHARES**

The number of shares of stock is: 100

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

**Name and Title: John David Arce , President & Treasurer**

**Address 15423 SW 113<sup>TH</sup> STREET , MIAMI, FL 33196**

**Name and Title: Phyllis D. Arce, Secretary**

**Address: 15423 SW 113<sup>TH</sup> STREET , MIAMI, FL 33196**

**Name and Title: JEFFERY CHELL , VICE PRESIDENT**

**Address 17460 SOUTH WEST 113<sup>TH</sup> COURT, MIAMI, FL 33157**

### **ARTICLE VI REGISTERED AGENT**

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

Name: **DANIEL ARCE**

Address: **17460 SW 113<sup>TH</sup> COURT, MIAMI , FL 33157**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NAME : **DANIEL ARCE**

Address: **17460 SW 113<sup>TH</sup> COURT, MIAMI, FL 33157**

FILED  
14 OCT -1 PM 4:06  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/06/15 BY 60322 UCBAW

*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

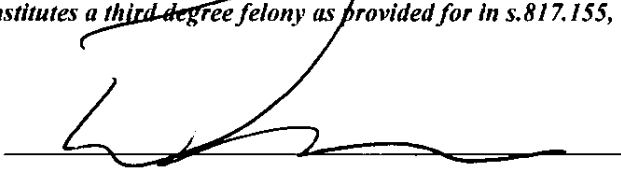
Date

  
8/14/14

*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

Date

  
8/14/14