

P23000035 700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

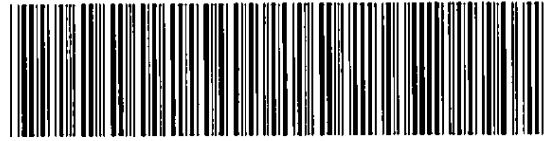
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY -3 AM 4:21
TALLAHASSEE, FL

W23000057856



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2023

KEVIN M O'COIN
5741 WHITAKER ROAD
D-203
NAPLES, FL 34112 US

SUBJECT: NEWPORT BLUE POOL & SPA CREW, INC.
Ref. Number: W23000057856

RECEIVED
2023 MAY -3 PM 3: 26
CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for NEWPORT BLUE POOL & SPA CREW, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Dil Sultana
Regulatory Specialist II

Letter Number: 723A00008896

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: NEWPORT BLUE POOL & SPA CREW, 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: KEVIN M. O'COIN
Name (Printed or typed)

5741 WHITAKER ROAD, SUITE D-203
Address

NAPLES, FLORIDA 34112
City, State & Zip

727. 851. 5678
Daytime Telephone number

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

E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL
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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: NEWPORT BLUE POOL & SPA CREW, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5741 WHITAKER ROAD
SUITE D-203
Naples, FL 34112

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL ACTIVITIES FOR PROFIT
PERMITTED BY LAW

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MYRA K. O'COIN Name and Title: PRESIDENT
Address: 5741 WHITAKER ROAD Address: _____
SUITE D-203
Naples, FL 34112

Name and Title: KEVIN M. O'COIN Name and Title: DIRECTOR
Address: 5741 WHITAKER ROAD Address: _____
SUITE D-203
Naples, FL 34112

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

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T. LAHARTE, FL
STATE

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: KEVIN M. O'COIN
 Address: 5741 WHITAKER ROAD, D-203
NAPLES, FL 34112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVIN M. O'COIN
 Address: 5741 WHITAKER ROAD, D-203
NAPLES, FL 34112

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04.09.2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 TALLAHASSEE FL
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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

Kevin M. O'Coin 4.30.23
 Required Signature/Registered Agent 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.

Kevin M. O'Coin 4.30.23
 Required Signature/Incorporator Date