

Complete Spa, Inc.

12125 Crescent Cove Ct.
Windermere, FL 34786

May 26, 2000

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May 26, 2000

State Of Florida
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 30 PM 1:13

Dear Sirs:

I have included my Application For Registration Of A Foreign Corporate Name. I have also included a copy of the ticles of incorporation for Complete Spa, Inc. If you have any questions you can call me at 407 884 9848. Please send the acknowledgement of this registration to:

Mark Poidomani

12125 Crescent Cove Ct

Windermere, FL 34786

Sincerely,

Mark Poidomani

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W-13951

Name	mm/12/00
Availability	
Document Examiner	let
Underwriter	
Verifier	
Acknowledgement	
W. P. Verifier	

FGCP)
(need)

let
6/12

(407) 835-9533

CLING 35
COPY 17.50
AGENT 35
TOTAL 87.50
BALANCE 0
REFUND 0



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 1, 2000

MARK POIDOMANI
12125 CRESCENT COVE CT.
WINDERMERE, FL 34786

SUBJECT: COMPLETE SPA, INC.
Ref. Number: W00000013951

We have received your document for COMPLETE SPA, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A photocopy of the certificate of existence is not acceptable.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 300A00030883

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Complete Spa, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Poidomani
(Name of Person)
Complete Spa, Inc
(Firm/Company)
12125 Crescent Cove Ct
(Address)
Windermere, FL 34786
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Mark Poidomani at (407) 884 9848
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

✓ 1. Complete Spa, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

✓ 2. Delaware 3. 59 - 3645806
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 17, 2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. On application approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 12125 Crescent Cove Ct
Winderemere, FL 34786
(Current mailing address)

8. Distribution of Pool and Spa supplies
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Mark Paidomani

Office Address: 12125 Crescent Cove Ct
Winderemere, FL, Florida, 34786
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 statutes relative 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)
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 1 11 13 AM '00

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)Chairman: Mark PoidomaniAddress: 12125 Crescent Cove Ct
Windermere, FL 34786

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Mark Poidomani
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)14. Mark Poidomani, President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPLETE SPA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JUNE, A.D. 2000.



Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

0477990

DATE:

06-05-00