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(Requestor's Name) (Address) (Address)	700412621827
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TO: Registration Section Division of Corporations

SUBJECT: Colin Irons Diving and Pool Service, 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," or "Certificate of Good Standing" 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:

Kelli Griffin

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	Name	of Person
Colin Irons Pool Service,	Inc.	
	Firm/0	lompany
1800 S. Loop 288 Ste 396	5 #129	
	 А	ddress
Denton, TX 76205		
	City/Sta	te and Zip code
kelli@colinironspoolserv	ice.com	
	E-mail address: (to be us	ed for future annual report notification)
For further information	concerning this matter, plea	se call:
Jessica McCumber	940 at ()
Name of Perso		Code Daytime Telephone Number
	JRIER ADDRESS:	MAILING ADDRESS:
Registration Se Division of Co		Registration Section Division of Corporations
The Centre of	•	P.O. Box 6327
	be Street, Suite 810	Tallahassee, FL 32314
Enclosed is a check for Please make check payab	the following amount: le to: FLORIDA DEPARTM	ENT OF STATE
	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

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.

Colin Irons Diving and Pool Service, Inc. 1.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

Colin Irons Pool Service, Inc.

Texas		320399241	(FEI number, if applicable)			
(State or countr	y under the law of which it is incorporated) (FEI number, if a				
01/01/2013						
(Date	of incorporation)	(Date of duration, if other	than perpetual)			
	(SEE SECTIONS 607.1501 & 60	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabil	ity)			
2017 Bloxham C	utoff Rd., Crawfordville, FL 32327					
		office <u>street</u> address)				
1800 S Loop 288	8 Ste. 396 #129, Denton, TX 76205					
	(Current ma	ailing address, if different)	·			
Name and <u>stree</u> Name:	et address of Florida registered agent: (Michael C. Irons	(P.O. Box <u>NOT</u> acceptable)	2023 JUL ZS SECTORIA TALLUTA			
office Address:	2017 Bloxham Cutoff Rd.					
	Crawfordville	Florida	ZS PH 1.30 XAV OF SIMTE HASSEE, FI			
	(City)	(Zip code)	- , ,			

designated in this application, I hereby/accept the appointment as registered agent and agree to act in this capacity? 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 bligations of my position as registered agent.

(Registered agent's signature)

10. 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.

	•	,
	,	
А.	DIRECTORS	

.

Chairman	Michael C. Irons		Name:		
□Vice Chairman	Address:	Vice Chairman	Address:		
	Crawfordville, FL 32327				
President		DPresident			.:
□Vice President				· · · · · · · · · · · · · · · · · · ·	
□Secretary	Treasurer	[]Secretary			
□Other	Other	Other		□Other	
□ Chairman	Name:	_ Chairman	Name:		
□Vice Chairman	Address:	ŪVice Chairman	Address:		<u> </u>
Director					<u> </u>
□President		President			I
□Vice President		□Vice President			
□Secretary		□Secretary		Treasurer	
Other	Other	Other		Other	
L)Chairman	Name:	Chairman	Name:		
□Vice Chairman	Address:		Address:		
Director					
□President		President			
⊡Vice President					<u> </u>
Secretary	Treasurer			Treasurer	
[]Other	LOther	Other		L]Other	
	Use an attachment to report more than six (6). e added to the index when filing your Florida I			purposes only. Non-inde:	x¢đ
12	Signature of L	Director or Officer			
	etor signing this document (and who is listed i alse information submitted in a document to th				

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13. <u>Colin I rons</u> President (Typed or printed name and capacity of person signing application) Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Colin Irons Diving & Pool Service, Inc. (file number 801709347), a Domestic For-Profit Corporation, was filed in this office on December 31, 2012.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: January 01, 2013

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 19, 2023.



Jane Nelson Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1248489580003