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TRANSMITTAL LETTER

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

800003144358--5

-02/23/00--01002--006

*****78.75 *****78.75

SUBJECT: John McKnight Custom Pools of Florida Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: John T. McKnight
Name (Printed or typed)

4340 Dunmore Ave #2
Address

Tampa, FL 33611
City, State & Zip

813 493 1382
Daytime Telephone number

FILED
00 FEB 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W4695

NOTE: Please provide the original and one copy of the articles.

R. VARNADORE FEB 23 2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

John McKnight Custom Pools of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4340 Dunmore Ave #2
Tampa FL 33611

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

John T. McKnight
4340 Dunmore Ave #2
Tampa, FL 33611

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

John T. McKnight
4340 Dunmore Ave #2
Tampa, FL 33611


Signature/Incorporator

02/18/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating 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

02/18/00
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA