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

SUBJECT: SKIMMERS POOL CARE CORP.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 (filing fee)

FROM:

Toby Milroy 584 Moonpenny Cir. Port Orange, FL 32127 (904) 527-3971

Note: Please return copy of articles stamped with a filing date.

# **Articles of Incorporation**

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

#### **ARTICLE I: NAME**

The name of the corporation shall be: Skimmers Pool Care Corp.



## **ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: 584 Moonpenny Circle Port Orange, Fl 32127

### **ARTICLE III: SHARES**

The number of share of stock that this corporation is authorized to have outstanding at any one time is: 100,000

### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Toby Milroy 584 Moonpenny Cir. Port Orange, FI 32127

#### **ARTICLE V: INCORPORATOR(S)**

The name(s) and street address of the incorporator(s) to these Articles of Incorporation in (are):

Toby Milroy 584 Moonpenny Cir. Port Orange, Fl 32127

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

Signature/Registered Agent

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  $9^{th}$  day of August, 2000.

Signature/Incorporator