

TRANSMITTAL LETTER
P01000048660

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

SUBJECT: Atlantic Pool & Spa, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004194234--9
-05/10/01--90184--002
*****87.50 *****87.50

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: Shawn Kleppe
Name (Printed or typed)

000004194410--9
-05/10/01--01126--002
*****87.50 *****87.50

499 SW 12th Ave.
Address

Boca Raton, FL 33486
City, State & Zip

561-392-6589
Daytime Telephone number

FILED
01 MAY 10 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gjs/16

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:

Atlantic Pool & Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

499 SW 12th Ave.
Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

5000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Shawn Kleppe
499 SW 12th Ave
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shawn Kleppe
499 SW 12th Ave
Boca Raton, FL 33486

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

Date

5/7/01

Signature/Incorporator

Date

5/7/01

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