

## TRANSMITTAL LETTER

# PO2000022397

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

THE POOL AUTHORITY INC.

SUBJECT:

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004850227--5

-01/31/02--01031--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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: BRIAN LARSON  
Name (Printed or typed)

2074 SHADOW LN.  
Address

CLEARWATER, FL. 33763  
City, State & Zip

727-734-3733  
Daytime Telephone number

02 FEB 27 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

W02-  
3446

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

02-28-02



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 6, 2002

BRIAN LARSON  
2074 SHADOW LN  
CLEARWATER, FL 33763

SUBJECT: THE POOL AUTHORITY INC.  
Ref. Number: W02000003446

We have received your document for THE POOL AUTHORITY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 402A00007279

**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:

THE POOL AND SPA AUTHORITY  
INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2074 SHADOW LN  
CLEARWATER, FL. 33763

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

POOL CLEANING SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

BRIAN LARSON  
2074 SHADOW LN.  
CLEARWATER, FL 33763  
- OWNER -

**ARTICLE VI REGISTERED AGENT**

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

BRIAN LARSON  
2074 SHADOW LN.  
CLEARWATER, FL. 33763

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

BRIAN LARSON  
2074 SHADOW LN.  
CLEARWATER, FL. 33763

FILED  
02 FEB 27 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

\*\*\*\*\*  
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

2/21/02  
Date

  
Signature/Incorporator

2/21/02  
Date