TRANSMITTAL LETTER

P02000055 891

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

SUBJECT: Custom Pool Contracting Include suffix

Enclosed are an orig	inal and one (1) copy of the an	icles of incorporation and	i a check for:	ł
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
	enard K. Hend Name	OAKS Driv	ORETARY O	02 NAY 20 PA

City, State & Zip

(813) 962-1351

Daytime Telephone number

FAX (813) 968-3545

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

was-13714



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 13, 2002

LEONARD K HENDERSON 11524 COUNTRY OAKS DR TAMPA, FL 33624

SUBJECT: CUSTOM POOL CONTRACTING, INC.

Ref. Number: W02000013714

We have received your document for CUSTOM POOL CONTRACTING, INC. and your check(s) totaling \$70.00. 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.

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) 245-6930.

Donna Graves Document Specialist New Filing Section

Letter Number: 902A00030271

ARTICLES OF INCORPORATION		
In compliance with Chapter 607 and/or Chapter 621 I	ES (Peofit)	
In compliance with Chapter 607 and/or Chapter 621, I ARTICLE I NAME The name of the corporation shall be:	aland Son Contraction	OTTA
ARTICLE I NAME	or and speed some term	/
The name of the corporation shall be: Lustorn	Pool Contracting INC	
•		
\$		•
ADTICLE II DODLOTO A CONTOR	11524 County AND	
ARTICLE II PRINCIPAL OFFICE	TAMPA, FLorida 33624	rive
The principal place of business/mailing address is:	IAMPA, HLorida 33624	-
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is	SE 92	
		-
	ALET A	
	FILED MAY 20 PM 3: 2 CRETARY OF STATE LAHASSEE, FLORID	-
ARTICLE IV SHARES		
The number of shares of stock is: 10,000	三····································	
, ,		
ADTICLE V. MITIAL OFFICERO PERSONS	=	
ARTICLE V INITIAL OFFICERS/DIRECTO The name(s), address(es) and title(s):	DRS (optional)	
The name(s), address(es) and fille(s):		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address of the registered	l acont in l	æs ·
of the registered	Leonard Kenion Hendo	rson
	11524 Country Oaks Dr.	
	TIOZT COUNTY CARS Dr.	
	TAMPA, FL. 33624	
ARTICLE VII INCORPORATOR	1 ,	
The name and address of the Incorporator is: Leon+	ard Kanian II 1	
The name and address of the Incorporator is: Leone	Carrent Henderson	
-1024	Country Oaks Dr	
IAMPA	Country Oaks Dr FL. 33624	
****************	- 20624	
Having been named as registered agent to accept service of proce		***
certificate, I am familiar with and accept the appointment as regist	tered agent and agree to act in this capacity	IIIS
\mathcal{A}		
x Jeonard R. Dunderson	5/10 /02.	
Signature/Registered Agent	Date	
0	- 412	
x Leonard R. Henderson,	5/1, 102	
Signature/Incorporator	Data Data	
	1-440	