DOZOOO 1019/ TRANSMITTAL LETTER

check

]\$131.25

Filling Fee,

Certified Copy & Certificate

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

\$70.00

Filing Fee

SUBJECT:	Adelfi Pool Services Inc.
	(Proposed corporate name - must include suffix)
•	
Enclosed is a for:	n original and one (1) copy of the articles of incorporation and a

፟ \$78.75

Filing Fee

& Certificate

FROM:	Peter Adelfio Name (printed or typed)
	7311 Tillman Drive
	Lake Worth FL 33467 City, State & Zip
	561-641-1804 Daytime Telephone number

\$122.50

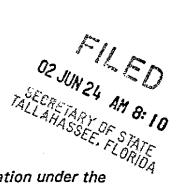
Filing Fee

& Certified Copy

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

B6/36

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:

Adelfi Pool Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

7311 Tillman Drive Lake Worth, FL. 33467

ARTICLE III SHARES

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

1.000-

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Peter Adelfio 7311 Tillman Drive Lake Worth FL 33467

ARTICLE V INCORPORATOR(S)

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

Peter Adelfio 7311 Tillman Drive Lake Worth, FL 33467

The undersigned incorporator(s) has(have) executed these Articles of Incorporat	ion this
15th day of June , 15 2002.	-
Tele Adelhio	. O THAT
Signature	
Signature	

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Halfi Pool Servic	es Inc.
-	THE SOLUTION OF THE PARTY OF TH
	
	500
2. The name and address of the registered agent and office is:	Mar Flor
Peter Adelfio	
(Name)	
7311 Tillman Drive	
(P.O. Box not acceptable)	
Lake Worth, FL 33467	
(City/State/Zip)	
•	
Having been named as registered agent and to accept service of proabove stated corporation at the place designated in this certificate, I the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relating to the proper and mance of my duties, and I am familiar with and accept the obligations as registered agent.	cess for the hereby accept . I further agree I complete perfor- s of my position
as registered agent.	,
Peto, Alodie 6-15-02	· .
(Signature) //	<u> </u>

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314