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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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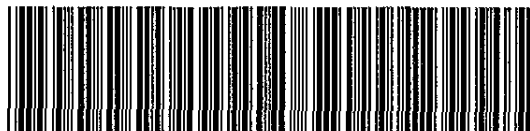
(Business Entity Name)

(Document Number)

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2003 JUN -4 AM 7:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06-10-03  
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## TRANSMITTAL LETTER

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

SUBJECT: Tarpon Springs Pool Service, Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75.

FROM:

William M. Wooden  
Name  
PO Box 156  
Address  
Tarpon Springs, FL., 34689  
City, State, & Zip  
( 727 ) 808-7613  
Telephone Number

Note: Additional copy of articles is needed only when certified copy is requested.

## **ARTICLES OF INCORPORATION**

**OF**

Tarpon Springs Pool Service, Inc.

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:

Tarpon Springs Pool Service, Inc.

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### **ARTICLE II PRINCIPAL OFFICE**

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

PO Box **156**  
Tarpon Springs, FL., 34689

### **ARTICLE III CAPITAL STOCK**

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

500 Shares @ \$1.00 per share

### **ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

William M. Wooden  
1899 Wood Bend Street  
Tarpon Springs, FL., 34689

**ARTICLE V INCORPORATOR(S)**

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

William M. Wooden  
PO Box ~~156~~ 156  
Tarpon Springs, FL., 34689

The undersigned has(have) executed these Articles of Incorporation this

29th day of May, 2003.

 President  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.0501, 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: Tarpon Springs Pool Service, Inc.

2. The name and address of the registered agent and office is:

William M. Wooden

(NAME)

1899 Wood Bend Street

(P.O. BOX NOT ACCEPTABLE)

Tarpon Springs, Fl., 34689

(CITY/STATE/ZIP)

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SIGNATURE W. M. Wooden

(corporate officer)

TITLE

President

DATE

5/29/03

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE X W. M. Wooden

DATE

5/29/03

REGISTERED AGENT FILING FEE: \$35.00