

P03000103748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

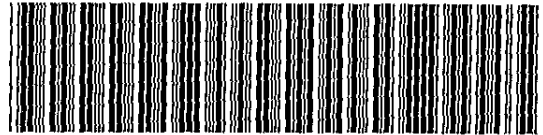
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Aquafina Pools, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM:

Lewis Roberts

Name (Printed or typed)

7652 Ashley Park Court #306

Address

Orlando, FL 32835

City, State & Zip

407-253-8228

Daytime Telephone number

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

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: Aquafina Pools, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
11504 Almo Court
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to conduct any and all legal business enterprises.

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
Derek Allison
11504 Almo Court
Clermont, FL 34711

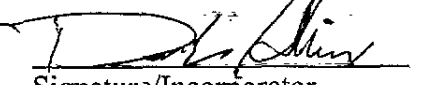
ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Derek Allison
11504 Almo Court
Clermont, FL 34711

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

9-17-03
Date


Signature/Incorporator

9-17-03
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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