

# P03000135995

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**TOTAL CARE POOL REPAIR, INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

**OF  
TOTAL CARE POOL REPAIR, Inc.  
ARTICLE 1 - NAME**

**The name of the Corporation is:  
TOTAL CARE POOL REPAIR, INC.**

**ARTICLE II - DURATION**

**This corporation shall have a perpetual existence commencing on the  
Date of Filing.**

**ARTICLE III - PURPOSE**

**This corporation may engage in any activity of business permitted  
under the laws of the United States and the State of Florida**

**ARTICLE IV - CAPITAL STOCK**

**This corporation is authorized to issue 100 shares of one dollar(\$1.00)  
par value common stock, which shall be designated "Common Shares"**

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

**The name and street address of the initial registered office of this  
corporation is:**

**PASQUALE SOFIA  
13559 SE 44<sup>TH</sup> TERR  
SUMMERFIELD, FL 34491**

**The principal Place of business of the Corporation shall be:  
13559 SE 44<sup>TH</sup> TERR  
SUMMERFIELD, FL 34491**

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#### **ARTICLE VI - INITIAL BOARD OF DIRECTORS**

**This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the by-laws, but shall never have less than one (1). The name and address of the initial Director is:**

**Name: PASQUALE SOFIA  
PRESIDENT**

**Address:  
13559 SE 44<sup>TH</sup> TERR  
SUMMERFIELD, FL 34491**

**LINDA SOFIA  
VICE PRESIDENT**

**13559 SE 44<sup>TH</sup> TERR  
SUMMERFIELD, FL 34491**

#### **ARTICLE VII - LAWS**

**The by-laws of this corporation may be adopted, altered, amended or repealed by either the Stockholder (s) or Director (s)**

#### **ARTICLE VIII - IDEMNIFICATION**

**The Corporation shall indemnify any Officer or Director, or any former officer or Director, to the full extent permitted by law.**

#### **ARTICLE IX PREEMPTIVE RIGHTS**

**Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as which he/she already holds, shall have the right to purchase his/her prorated share thereof (as**

nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE X - INCORPORATOR**

The persons signing these Articles is: PASQUALE SOFIA

**ARTICLE XI - AMENDMENT**

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 18<sup>TH</sup> DAY of NOVEMBER of 2003

A handwritten signature in black ink, appearing to read "Pasquale Sofia", is written over a horizontal line.

PASQUALE SOFIA  
President

**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.

First that, TOTAL CARE POOL REPAIR, INC. Is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named PASQUALE SOFIA located at SUMMERFIELD , Florida, County of Marion, State of Florida, as its agent to accept service of process within this state.

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.

  
PASQUALE SOFIA, Agent

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