

P03000 146077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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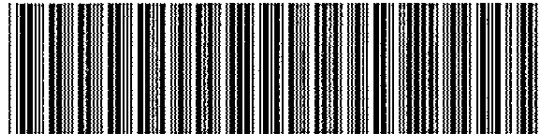
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION

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DIVISION OF CORPORATIONS
03 DEC -5 PM 1:14

TRANSMITTAL LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 PM 1:14

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

SUBJECT: Scott Silva Swimming Pool Repair, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Scott A. Silva

Name (Printed or typed)

9498 Old St. Augustine Rd.

Address

Tallahassee, FL - 32311

City, State & Zip

(850) 524-2616

Daytime Telephone number

RECEIVED
03 DEC -5 PM 5:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Scott Silva Swimming Pool Repair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9498 Old St. Augustine Rd. Tallahassee, Fl. 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Swimming Pool Repair & Service

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Scott A. Silva, president, Address same as above

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Scott A. Silva

9498 Old St. Augustine Rd Tallahassee, Fl. 32311

ARTICLE VII INCORPORATOR

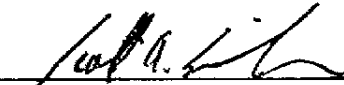
The name and address of the Incorporator is:

Scott A. Silva

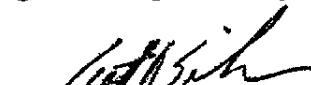
9498 Old St. Augustine Rd. Tallahassee Fl., 32311

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -5 PM 1:14

Having been named as registered agent 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

12-5-03
Date


Signature/Incorporator

12-5-03
Date