P03000146077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION

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TRANSMITTAL LETTER

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DIVISION OF CORPORATIONS
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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
OFFICE OF SECRETARY OF STATE
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/mailing 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

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DIVISION OF CORPORATIONS

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

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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

Scott A. Silva
Signature/Registered Agent

12-5-03
Date

Scott A. Silva
Signature/Incorporator

12-5-03
Date