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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
		
Special Instructions to Filing Officer:		
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DIVISION OF COMORATION

OF MAY 11 AM 9: DO

TRANSMITTAL LETTER

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

SUBJECT:	<u>*******************************</u>	Pools, Inc.	rffix)	
Enclosed is an originator: [] \$70.00 Filing Fee	al and one (1) c \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	Name	nel Cline e (printed or typed) olly Heights Address	Drive #1	_1
	(754)	uderdale, Fliny, State & Zip 246-8846 a Telephone number	33304	SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Busine Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Michael Cline's Pools, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1423 Holly Heights Drive #14

Fort Lauderdale, FL 33304

ARTICLE III SHARES

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

1,000 shares of common stock, all of one class, at one dollar par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Michael Cline 1423 Holly Heights Drive #14

Fort Lauderdale, FL 33304

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Michael Cline

1423 Holly Heights Drive #14

Fort Lauderdale, FL 33304

The undersigned incorporator(s) has(have) exe	cuted these Articles of Incorporation thi
5 day of May	2004 , 19
(An additional article must be added if an effect	tive date is requested.)
	Signature
- · S	Signature
	Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

FURSUANT 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 CFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation	Michael Cline's Pools, Inc.
2. The name and address of the	ne registered agent and office is:
	Michael Cline
	(NAME)
1423	Holly Heights Drive #14
• • • •	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Fort	Lauderdale, FL 33304
	(CITY/STATE/ZIP) 9. NOTE 1. OF TOTAL

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) (DATE)