

P04000134051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

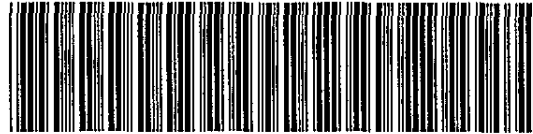
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500041110715

09/24/04--01035--026 \*\*87.50

2004 SEP 24 P 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

9/24/04

## TRANSMITTAL LETTER

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

SUBJECT: ISLAMORADA POOL CARE, 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  
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: CHARLES B. GRUSS

Name (Printed or typed)

89401 OLD HWY

Address

TAVERNIER, FL 33070

City, State & Zip

305-394-9377

Daytime Telephone number

**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:

ISLAMORADA POOL CARE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

P.O. BOX 447  
ISLAMORADA, FL, 33036

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SWIMMING POOL SERVICE, WHICH ENCOMPASSES INSTALLATION OF VARIOUS OPERATING COMPONENTS AND SYSTEMS, WATER CHEMISTRY MAINTENANCE AND CORRECTION, POOL VESSAL MAINTENANCE, AND LIGHT EQUIPMENT REPAIR.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DEAN EAKIN TITLE: PRESIDENT  
212 TIDE AVE  
TAVERNIER, FL, 33070  
CHARLES GRUSS TITLE: SECRETARY / VICE PRESIDENT  
89401 OLD HWY  
TAVERNIER, FL, 33070

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


CHARLES GRUSS  
89401 OLD HWY  
TAVERNIER, FL, 33070

### **ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

DEAN EAKIN  
212 TIDE AVE  
TAVERNIER, FL, 33070

\*\*\*\*\*  
*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

9/22/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-22-04  
\_\_\_\_\_  
Date

FILED  
2004 SEP 24 P 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

ISLAMORADA POOL CARE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. BOX 447  
ISLAMORADA, FL, 33036

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE SWIMMING POOL SERVICE, WHICH ENCOMPASSES INSTALLATION OF VARIOUS OPERATING  
COMPONENTS AND SYSTEMS, WATER CHEMISTRY MAINTENANCE AND CORRECTION, POOL VESSAL  
MAINTENANCE, AND LIGHT EQUIPMENT REPAIR.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

DEAN EAKIN TITLE: PRESIDENT  
212 TIDE AVE  
TAVERNIER, FL, 33070  
CHARLES GRUSS TITLE: SECRETARY / VICE PRESIDENT  
89401 OLD HWY  
TAVERNIER, FL, 33070

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHARLES GRUSS  
89401 OLD HWY  
TAVERNIER, FL, 33070

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DEAN EAKIN  
212 TIDE AVE  
TAVERNIER, FL, 33070

\*\*\*\*\*

*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

9/22/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-22-04  
\_\_\_\_\_  
Date

FILED  
2004 SEP 24 P 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA