

PO4 000136472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

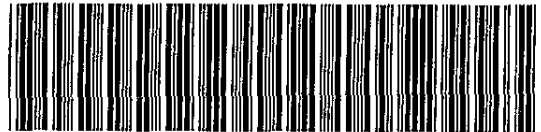
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## The Center for Financial, Legal & Tax Planning, Inc.

4501 West DeYoung Street • Suite 200  
Marion, IL 62959

Phone: (618) 997-3436  
Fax: (618) 997-8370

September 28, 2004

Dr. Bart A. Basi  
CPA / Attorney at Law  
President

Florida Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

Carol L. Basi  
Master of Arts  
Senior Vice President


To Whom It May Concern:

Enclosed please find Articles of Dissolution and Articles of Incorporation. Both of these filings have been submitted in duplicate along with two separate checks for \$35.00 and \$75.00, which covers the filing fee for both documents. Your promptness in filing would be greatly appreciated. I have enclosed an Airborne Express airbill so that you may return at your earliest convenience.

Roman A. Basi  
MBA / Attorney at Law / Lic. Broker  
Vice President

Please contact me if you should have any questions. Thank you.

Lacie L. Middleton  
Certified Public Accountant  
Senior Associate

Sincerely,  
  
Shauna K. Barke  
Legal Associate

Shauna K. Barke  
Legal Associate  
Director of Associations

Enclosures

Marcus S. Renwick  
Attorney at Law  
Director of Research

## TRANSMITTAL LETTER

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

SUBJECT: SUNCOAST 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: SHAUNA K. BARKE  
Name (Printed or typed)

4501 W. DEYOUNG ST., SUITE 200  
Address

MARION, IL 62959  
City, State & Zip

(618) 997-3436  
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:

*SUNCOAST POOL CARE, INC.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5692 JASON LEE PLACE  
SARASOTA, FL 34233

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business for which a Florida corporation may be organized.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BRIAN ABRAMS  
5692 JASON LEE PLACE  
SARASOTA, FL 34233

### ARTICLE VI REGISTERED AGENT

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

ROMAN A. BASI, ATTORNEY AT LAW  
525 GUNWALE LANE  
LONGBOAT KEY, FL 34228

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN ABRAMS  
5692 JASON LEE PLACE  
SARASOTA, FL 34233

\*\*\*\*\*

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

*R. A. Basi*

Signature/Registered Agent

9/28/04

Date

*Brian M. Abrams*

Signature/Incorporator

9/28/04

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 30 PM 3:39