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04 NOV 15 PM 12:18  
SECRETARY OF STATE  
AMERICAN OVERSIGHT

## TRANSMITTAL LETTER

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

**SUBJECT:** Xtreme Pool Services, 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:** Matthew C. Griffin  
Name (Printed or typed)

6193 Shoreline Drive  
Address

Port Orange, FL 32127  
City, State & Zip

386 852-8974  
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)

RECEIVED  
STATE OF FLORIDA  
TALLAHASSEE  
04 NOV 15 PM 12:18

**ARTICLE I NAME**

The name of the corporation shall be Xtreme Pool Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is 6193 Shoreline Drive, Port Orange, Florida 32127.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to provide subcontractor services (for the layout, digging and steel placement) to swimming pool general contractors.

**ARTICLE IV SHARES**

The number of shares of stock is one hundred (100).

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

Matthew C. Griffin, 1645 Dunlawton Ave #1421, Port Orange, Fl 32127 – President  
William J. Griffin, 6193 Shoreline Drive, Port Orange, Fl 32127 – Secretary

**ARTICLE VI REGISTERED AGENT**

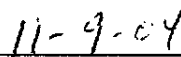
The name and address of the registered agent is:  
William Griffin  
6193 Shoreline Drive  
Port Orange, Fl 32127


**ARTICLE VII INCORPORATOR**

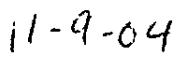
The name and address of the Incorporator is:  
Matthew C. Griffin  
1645 Dunlawton Avenue, # 1421  
Port Orange, Fl 32127

.....  
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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date