P1500000 3107

	(Requestor's Name)	•
	(Address)	•
	(Address)	•
	(City/State/Zip/Phone #)	•
PICK-	-UP WAIT MAIL	
	(Business Entity Name)	
	(Dusiness Entry Name)	
	(Document Number)	
Certified Copies _	Certificates of Status	
Special Instruction	ons to Filing Officer:	
	Office Use Only	+
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SECREDAY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: Whitewa	ater Pools And Spas Inc.		·-
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
D 6770 00	≰ \$78.75	□ \$78.75	\$87.50
□ \$70.00		•	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate o
		ADDECTONAL CO	Status PV DEOLUDED
		ADDITIONAL CO	PY REQUIRED
FROM: Lis	a Kaye White		
	Nam	e (Printed or typed)	
			-
	18842 North Dale Mabry Hwy		
		Address	
	Lutz Florida 33548		
	City	, State & Zip	
	-		-
	813-792-8889		_

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

Daytime Telephone number

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:

Whitewater Pools And Spas Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 18842 North Dale Mabry Hwy Lutz Florida 33548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To do business in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Lisa Kaye White 18842 North Dale Mabry Hwy Lutz Florida 33548

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Lisa White 18842 North Dale Mabry Hwy Lutz Florida 33548