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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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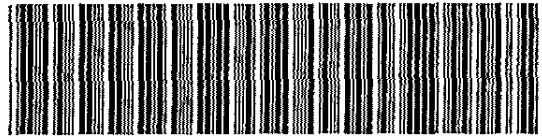
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: Perfect Pools & Spa 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Edward J. Liquori
Name (Printed or typed)

6750 NW 24 Terrace
Address

Fort Lauderdale, Florida 33309
City, State & Zip

954-325-0483
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:

Perfect Pools & Spa INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6750 NW 24 Terrace
Fort Lauderdale, Florida 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Law ful Business

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):

Liquori, Edward J. 6750 NW 24 Terrace Fort Lauderdale FL 33309 (President)
Liquori, Edward J. 6750 NW 24 Terrace Fort Lauderdale FL 33309 (Secretary)
Liquori, Edward J. 6750 NW 24 Terrace Fort Lauderdale FL 33309 (Treasurer)

ARTICLE VI REGISTERED AGENT

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


Edward J. Liquori
6750 NW 24 Terrace
Fort Lauderdale, FL 33309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edward J. Liquori
6750 NW 24 Terrace
Fort Lauderdale, FL 33309


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

April 4, 2005

Date



Signature/Incorporator

April 4, 2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA