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TRANSMITTAL LETTER

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

SUBJECT:	Loften Pool (PROPOSED CORPORA)	Service	DE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
☐ \$70.00 Filing Fee	☑ \$78.75	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Brian Loften Name (Printed or typed) P. O. Box 5875 Address		
Lake Worth, FL 33466 City, State & Zip 561-304-4072 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:

Loften Pool Service inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O.Box 5875 Lake Worth, FL 33466 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100 Common Shares, no Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

Brian Loften - President P.O. Box 5875 Lake Worth, FL 33466

ARTICLE VI REGISTERED AGENT

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

Brian Loften

3764 Heather Drive East Green acres, FL 33463 ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian Loften P.O. Box 5875

Lake Worth, FL 33466

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

Bui Lette Signature/Registered Agent

<u>4-24-05</u> Date

<u>4-24-05</u> Date