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# TRANSMITTAL LETTER

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

SUBJECT: Profess	sional Pool Services, Inc. (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Jef	fery S. Smith		
1 KOW1.		(Printed or typed)	
	16396 Perico Way	Address	<u> </u>
	Punta Gorda, FI 33955 City,	, State & Zip	<u>.                                    </u>
	941-815-8196 Daytime 1	Felephone number	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2005

JEFFREY S. SMITH 16396 PERICO WAY PUNTA GORDA, FL 33955

SUBJECT: PROFESSIONAL POOL SERVICES, INC.

Ref. Number: W05000038143

We have received your document for PROFESSIONAL POOL SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000047716 - PROFESSIONAL POOL SERVICES LLC.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Letter Number: 205A00051716

Loria Poole Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tellahassaa, Florida 32314

# 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:

Pool Professionals, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 16396 Perico Way
Punta Gorda, Fl 33955

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide monthly pool maintenance and service

# ARTICLE IV SHARES

The number of shares of stock is:

50

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

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

President, Vice President, Treasurer, & Secretary

Jeffery S. Smith 16396 Perico Way Punta Gorda, FI 33955

#### ARTICLE VI REGISTERED AGENT

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

Jeffery S. Smith 16396 Perico Way Punta Gorda, FI 33955

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Jeffery S. Smith 16396 Perico Way Punta Gorda, Fl 33955

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 B-15-05

Signature/Incorporator Date