

PD5000130632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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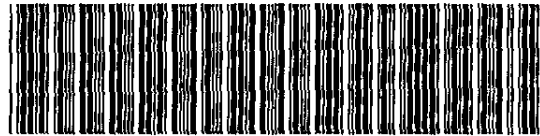
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cy. 9-23

## COVER LETTER

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

SUBJECT: Health and Sun Pool Services Corp..

(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: Eduardo a Galdamez

Name (Printed or typed)

5340 SW 154 CT

Address

Miami, Florida 33185

City, State & Zip

786 -3893357

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:

Health and Sun pool services Corp..

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Palm Beach County/ 5340 SW 154 CT Miami,Florida 33185

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

swimming pool maintenance and repairs.

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eduardo A Galdamez Director/ 5340 SW 154 Ct, MIAMI,FLORIDA, 33185

### ARTICLE VI REGISTERED AGENT

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

Eduardo A Galdamez, 5340 SW 154 CT Miami Florida 33185

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eduardo A Galdamez 5340 SW 154 CT Miami,Florida 33185

\*\*\*\*\*  
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

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

FILED  
SEP 23 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/20/05  
Date

9/20/05  
Date