P05000132489

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Cortificato	a of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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05 SEP 27 AM II: 51

VIII a/001 -

COVER LETTER

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

SUBJECT:x	DESTINY POSKS	S, INC		
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	IDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the artic	eles 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	
		ADDITIONAL CO	Status	
	made Chao	·		
FROM: MARK Shapiro Name (Printed or typed)				
	8385 IRON A	HORSE CT		
	WPB FL City,	3341& State & Zip) ~	
561-289-1934 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 19, 2005

MARK SHAPIRO 8385 IRON HORSE CT WPB, FL 33412

SUBJECT: DESTINY POOLS, INC Ref. Number: W05000043433

We have received your document for DESTINY POOLS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6962.

Valerie Ingram Document Specialist New Filings Section

Letter Number: 405A00057477

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	=U,ED
ARTICLE I NAME The name of the corporation shall be:	05 SEP 27 AM 11:5
DESTINY POOL SERVICE + REPAIR	S JAVINGSSEE. FLORID
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8385 IRON HORSE CT	
WPB FL 334/2	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
POOL SERVICE	
ARTICLE IV SHARES The number of shares of stock is:	
/OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	e demonstrative e
MARK SHARIRO - PRES - 8385 IRONHORSE CT	
WPB FL 334/2	
ARTICLE VI REGISTERED AGENT	and the
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered a MARK Shapiro	gent is:
8385 FROMHORSE LT	
WPB FL 33412 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	· · · -
MARK SHAPIRO 8385 IRONHORSE CT	
WPB FL 834/2	-
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	**************************************
Mark Sharing	9-15-05
Signature/Registered Agent	7-15-03 Date 9-15-05
Signature/Incorporator	Date