7860000028628

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) Galla Liph. Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300066475873

02/27/06 -- 01028 -- 013 ++78.75

OGFEB 27 PH 3: 25

megan

COVER LETTER

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

Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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 PY REQUIRED

FROM: Gregory Thomas BATTE'			
Name (Printed or typed)			
6554 SE Lillian Ct.			
Address			
Stuart Fl. 34997			
City, State & Zip			
772-521-7111 Daytime Telephone number			
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: Swim Clean Pool Service, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 6554 SE Lillian Ct. Stuart, Fl. 34997	FILED 06 FEB 27 PM 3: 25 SECRETARY OF STATE TALLAHASSEE, FLURIDA			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
New business				
ARTICLE IV SHARES The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Gregory Thomas Batte' - Owner/President 6559 SE Lillian Ct. Stuart, Fl. 34997				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:				
Gregory Thomas Batte' 6554 SE Lillian Ct. Stuart, Fl. 34997				
Linegory T. Batte ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				
Gregory Thomas Batte 6554 St Lillian Ct. Stuart, F1. 349	97			
++*+**********************************				
certificate, I am familiar with and accept the appointment as registered agent and agree to act is	n this capacity			
Juny (- Batte	2-18-06 Date 2-18-06			
Rignature/Registered Agent	Date			
Signature/Incorporator	2-18-06 Date			
Signature/Interpretation	Date			