

P06000153791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

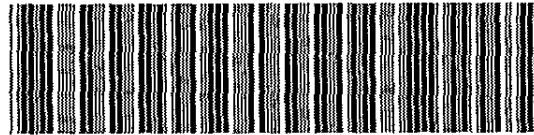
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/13/06--01048--008 **131.25

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2006 DEC 13 A 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dec 13/06

COVER LETTER

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

SUBJECT: Aqua Care Pool Services, Inc.

(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: Leland W. Jacobson, Sr.

Name (Printed or typed)

820 HOBSON STREET

Address

LONGWOOD FL 32750

City, State & Zip

(407) 365-4300

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 13 AM 12

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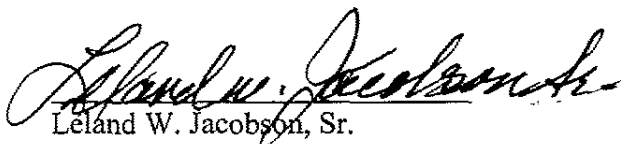
NOTE: Please provide the original and one copy of the articles.

AFFIDAVIT

I, the undersigned Affiant, hereby state I have dissolved the corporation known as Aqua Care Pool Services, Inc. I hereby swear that I have no intent of revoking the voluntary dissolution of Aqua Care Pool Services, Inc. and I hereby request and direct that the name Aqua Care Pool Services, Inc. be made available for use by another entity immediately.

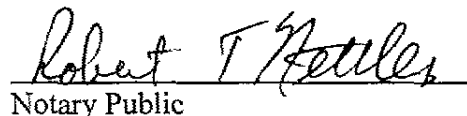
FURTHER AFFIANTS SAYETH NAUGHT.

Signed on this, the 8th day of December, 2006.


Leland W. Jacobson, Sr.

STATE OF FLORIDA
COUNTY OF SEMINOLE

SWORN, SUBSCRIBED and acknowledged before me, the undersigned authority, by are Leland W. Jacobson, Sr. who have produced drivers' licenses as identification on this, the 8th day of December, 2006.


Notary Public

ROBERT T. NETTLES
NOTARY PUBLIC - STATE OF FLORIDA
COMMISSION # DD190349
EXPIRES 03/06/2007
BONDED THRU 1-866-NOTARY1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 DEC 13 A.M. 12

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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:

Aqua Care Pool Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

820 Hobson Street, LONGWOOD FL 32750

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool and pool area services, maintenance and repair.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leland W. Jacobson, Sr., President
820 Hobson Street, LONGWOOD FL 32750

ARTICLE VI REGISTERED AGENT

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

Leland W. Jacobson, Sr., President
820 Hobson Street, LONGWOOD FL 32750

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Leland W. Jacobson, Sr., President
820 Hobson Street, LONGWOOD FL 32750

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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

12-8-2006

Date



Signature/Incorporator

12-8-2006

Date