# P07000011709

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





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SECRETARY OF STATE
TALL AHASSEE

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# **COVER LETTER**

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

SUBJECT: BC Pool Service, Repair	& School, Inc.						
(PROPOSED CORPORA)	E NAME – <u>MUST INCL</u>	UDE SUFFIX)					
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:					
Filing Fee 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: Bruce L. Clapp							
Name (Printed or typed)							
3207 Fallow Rd.							
Venice, FL 34293							
City, State & Zip							
941-815-6922  Daytime To	elephone number						

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

ARTICL	ES	OF IN	<b>ICORP</b>	ORA	TION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

BC Pool Service, Repair & School Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3207 Fallow Rd. Venice, FL 34293

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool Service, repair, and pool lessons

## 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):

Bruce L. Clapp President

#### ARTICLE VI REGISTERED AGENT

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

Karen A. Gallegos 3207 Fallow Rd. Venice, FL 34293

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bruce L. Clapp 3207 Fallow Rd. Venice, FL 34293

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

Laun	Hallegor	01/09/06
0	Signature Registered Agent	Date
Drum	L Clop	01/09/06
	Signature/Incorporator	Date

O7 JAN 24 PM 1: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA