

P070000 74917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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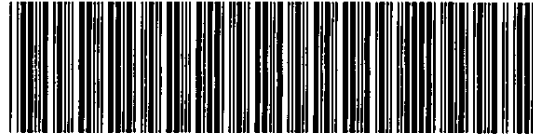
(Business Entity Name)

(Document Number)

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2007 JUN 28 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07-22710

T. Hamilton

JUN 28 2007

## COVER LETTER

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

**SUBJECT:** Gavins custom pool service and repairs.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:** Troy Gavin

Name (Printed or typed)

4748 Trouble Creek Rd

Address

NewPortRichey FL 34652

City, State & Zip

813-888-5524

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2007

TROY GARVIN  
4748 TROUBLE CREEK RD  
NEW PORT RICHEY, FL 34652

SUBJECT: GARVINS CUSTOM POOL SERVICE & REPAIRS, INC  
Ref. Number: W07000027710

*Gavins Custom Pool Service & Repairs, Inc.*

RECEIVED  
07 JUN 28 AM 11:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for GARVINS CUSTOM POOL SERVICE & REPAIRS, 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 document must state the number of shares of authorized stock.

Please list the name of your registered agent in article VI. *Troy Garvin*

Please list the name of your incorporator in article VII. *Gavins Custom Pool Service & Repairs, Inc.*

Please list the names of the officer/director in article V. *Troy Garvin - President*

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 107A00039393

**ARTICLES OF INCORPORATION**

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

FILED

2007 JUN 28 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Gavins Custom Pool Service & Repairs, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4748 Trouble Creek Rd New PortRichey Fl 34652

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

pool service and repairs

**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):

same as above

Troy Gavin - president

**ARTICLE VI REGISTERED AGENT**

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

7252 River Bank Dr New Port Richey Fl 34655

Troy Gavin

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

4748 Trouble Creek Rd New Port Richey Fl 34652

Troy Gavin

\*\*\*\*\*

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

6-7-07  
\_\_\_\_\_  
Date

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

6-7-07  
\_\_\_\_\_  
Date