## P0700089934

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
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
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## **COVER LETTER**

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

SUBJECT:	POOLS N' PAUE	515 W B1	ward, Inc					
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
S70.00 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  PPY REQUIRED					
FROM: Jose Rodriguez Name(Printed or typed)  5713 SW 1/2 Terr Address								
Cooper City, FL, 33330 City, State & Zip								
Daytime Telephone number								

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

In compliance with Chapter 607 and/or		(Profit)		
ARTICLE I NAME  The name of the corporation shall be:	Pools n'	PAUErs	of Bro	ward, Inc
ARTICLE II PRINCIPAL OFF The principal place of business/mailing a  5713 5W 112 Terr  Cooper City, FL, 3  ARTICLE III PURPOSE  The purpose for which the corporation  SAIES AND FEPAI  Profit.	ddress is:  3330 is organized is:	Pools an	2 PAVERS	OT AUG 10 PH 3: 42 SECRETARY OF STATE A
ARTICLE IV SHARES The number of shares of stock is:				
ARTICLE V INITIAL OFFICE List name(s), address(es) and specific to Tosé Rodriguez	itle(s):			
ARTICLE VI REGISTERED A The name and Florida street address (I  JOSE Rodriguez  57/3 5W 1/2 Terr.  Cooper City, FL, 3333  ARTICLE VII INCORPORATO The name and address of the Incorporat  JOSE Rodriguez	P.O. Box <b>NOT</b> acc So <u>DR</u> or is:	eptable) of the regis	stered agent is:	
JOSE RODRIGUEZ 5713 SW 112 TER COOPER CITY, FL.	33330 ~	****	***	
Having been named as registered agent to acce- certificate, I am familiar with and accept the app	pt service of process ;	for the above stated cor d agent and agree to ac	poration at the place t in this capacity	designated in this
Signature/Registered Agent		<del></del>	$\frac{7/3//6}{2}$	
Signature/Incorporator	*****************	<del></del>	Date	<del> </del>