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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)	SUBJECT: Pools Plus of Brevard, Inc.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
▼ \$70.00 □ \$78.75 □ \$78.75 □ \$87.50 Filing Fee Filing Fee & Certificate of Status □ \$78.75 □ \$87.50 Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of & Cer				
Status ADDITIONAL COPY REQUIRED				
FROM: Pools Plus of Brevard, Inc.				
Name (Printed or typed)				
891 Parsons Circle, SE				
Address				
Palm Bay, FL 32909				
City, State & Zip				
386-965-5510 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:

Pools Plus of Brevard, Inc.

FLED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

891 Parsons Circle, SE, Palm Bay, FL 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool contractor

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Francis Robson, 891 Parsons Cirlce, SE, Palm Bay, FL 32909

ARTICLE VI REGISTERED AGENT

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

Francis Robson, 891 Parsons Circle, SE, Palm Bay, FL 32909

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Francis Robson, 891 Parsons Circle, SE, Palm Bay, FL 32909

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

| O8/10/07 |
| Signature/Registered Agent | Date

AN JOHN TOOL

08/10/07

Date