

PD9000043939

(Requestor's Name)

(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:

Office Use Only



200155924782

05/18/09--01019--022 **87.50

FILED

2009 MAY 18 P 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: ORCHID POOL AND SPA, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: TARA A. SMITH
Name (Printed or typed)

4411 BEE RIDGE ROAD #115
Address

SARASOTA, FL 34233
City, State & Zip

941-809-7854
Daytime Telephone number

Brisias@COMCAST-NET
E-mail address: (to be used for future annual report notification)

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:

ORCHID POOL AND SPA, INC.

FILED

2009 MAY 18 P 4: 08

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5301 NATHANIEL PL

SARASOTA, FL 34233

→ 4411 BEE RIDGE ROAD #115

SARASOTA, FL 34233

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SWIMMING POOL + SPA CONSTRUCTION

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):

TARA A. SMITH - PRES.

5301 NATHANIEL PL

SARASOTA, FL 34233

ARTICLE VI REGISTERED AGENT

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

TARA A. SMITH

5301 NATHANIEL PL

SARASOTA, FL 34233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TARA A. SMITH

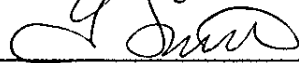
5301 NATHANIEL PL

SARASOTA, FL 34233

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



Signature/Incorporator

5/14/09

Date

5/14/09

Date