

P09000068503

(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



900159055339

07/31/09--01023--003 **70.00

FILED

09 AUG 13 AM 11:52

RECEIVED
JUL 31 2009
FILING OFFICE
TALLAHASSEE, FL 32302

W09000034932

ACK
8-14-09

COVER LETTER

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

SUBJECT: Tropical Blue Pool & 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 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: William Franklin Mikles
Name (Printed or typed)

7641 54th Street North
Address

PINELLAS PARK FLORIDA, 33781
City, State & Zip

727 520-2340
Daytime Telephone number

theremodelingteam@yahoo.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED
DEPARTMENT OF STATE

09 AUG 13 PM 1:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2009

WILLIAM FRANKLIN MIKLES
7641 54TH STREET NORTH
PINELLAS PARK, FL 33781

SUBJECT: TROPICAL BLUE POOL & SPA INC.
Ref. Number: W09000034932

We have received your document for TROPICAL BLUE POOL & SPA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent and street address must be consistent wherever it appears in your document.

You must list at least one incorporator with a complete business street address.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney
OPS Clerk

Letter Number: 509A00026340

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: Tropical Blue Pool & Spa Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: ~~Same as above~~
7641 54th St North Pinellas Park FL 33781

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool & Spa Service's

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):

(William F Mikes - President, Vice President, Secretary, Treasurer) ~~Same as above~~
7641-54th St North Pinellas Park FL 33781

ARTICLE VI REGISTERED AGENT

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

7641 54th Street North ~~Pinellas Park~~
Pinellas Park FL 33781

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William F Mikes
7641-54th St North Pinellas Park FL 33781
(SAME AS ABOVE)

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

7-27-09

Date

7-27-09

Date