

P09000072435

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08/25/09--01013--014 \*\*78.75

FILED  
09 AUG 27 AM 10:43  
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09 AUG 25 AM 10:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

W09-38475

B. McKnight AUG 28 2009

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LIGHTNING POOL DISTRIBUTORS Corp  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in      ☒ Pick up time 2.00      ☒ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2009

LAZARUS

SUBJECT: LIGHTNING POOL DISTIBUTORS CORP  
Ref. Number: W09000038475

We have received your document for LIGHTNING POOL DISTIBUTORS CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word DISTIBUTORS in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled DISTIBUTORS. If you did not misspell this word intentionally, please correct the spelling to read DISTRIBUTORS and resubmit the document for processing.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 809A00028747

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 AUG 27 AM 11: 07  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## **ARTICLES OF INCORPORATION**

The undersigned Incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

### **ARTICLE I - NAME**

The name of the Corporation shall be:

LIGHTNING POOL DISTRIBUTORS CORP

### **ARTICLE II - PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

5059 N.W. 159 ST  
HIALEAH, FL 33014

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Sixty (60) shares of Non Par Value.

### **ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

YOESMILER MATOS  
5059 N.W. 159 ST  
HIALEAH FL 33014

**ARTICLE V - INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation is:

YOESMILER MATOS  
3059 N.W. 159 ST  
MIAMI GARDES FL 33019

The undersigned incorporator has executed these Articles of Incorporation this  
11 day of August of 2009

*Yoessler Matos*  
Signature

**ARTICLE VI - DIRECTOR (S)**

The name (s) and street address (es) of the director (s) to these Articles of Incorporation  
is (are):

YOESMILER MATOS                      President/ Treasurer  
5059 N.W. 159 ST  
MIAMI GARDENS FL 33019

MARTHELYS MATOS                      Vice- President  
5059 N.W. 159 ST  
MIAMI GARDENS FL 33019

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above  
stated corporation at place designated in this certificate, I hereby accept the appointment as  
Registered Agent and agree to act in this capacity. I further agree to comply with the  
provisions of all statutes related to the proper and complete performance of my duties, and  
I am familiar with and accept the obligations of my position as Registered Agent.

*Yoessler Matos*  
Registered Agent Signature

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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