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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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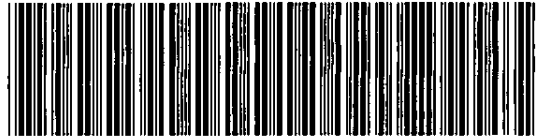
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 30 2009

COVER LETTER

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

SUBJECT: Blue Haven Pools & Spas of S.E. Florida, 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: Kevin R. Smith
Name (Printed or typed)

1460 SW 20th
Address

Boca Raton, Florida, 33486
City, State & Zip

954-648-8906
Daytime Telephone number

K Smith@Bluehaven.com
E-mail address: (to be used for future annual report notification)
Bluehaven.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

11 Blue Haven Pools + Spas of S.E. Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1460 SW 20 St
Boca Raton, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pool + Spa Contractor

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):

Kevin R. Smith "President"
1460 SW 20 St
Boca Raton, FL 33486

ARTICLE VI REGISTERED AGENT

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

Kevin R. Smith
1460 SW 20 St
Boca Raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin R. Smith
1460 SW 20 St
Boca Raton, FL 33486

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

8-25-09

Date

8-25-09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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