

PO 9000083997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

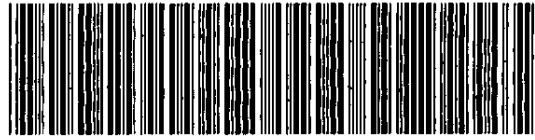
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

# of shares of stock  
per customer - Donna

nch

Office Use Only



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10/09/09--01026--005 \*\*78.75

RECEIVED  
STATE OF TEXAS  
COMPTROLLER OF PUBLIC ACCOUNTS

09 OCT -9 PM 2:32

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nch  
10-12-09

**COVER LETTER**

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

**SUBJECT:** Endine Pool Services, 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:** Ronald M. Shultz, CPA,PA  
Name (Printed or typed)

4908 NW 34th Street Suite 10  
Address

Gainesville, Fl 32605  
City, State & Zip

352-338-8350  
Daytime Telephone number

dhyneman@northfloridacpa.com  
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: **Endine Pool Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

5322 NW 26th Place  
Gainesville, Fl 32606

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Morgan Oxendine: President

**ARTICLE VI REGISTERED AGENT**

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

Morgan Oxendine  
5322 NW 26 Place  
Gainesville, Fl 32606

**ARTICLE VII INCORPORATOR**

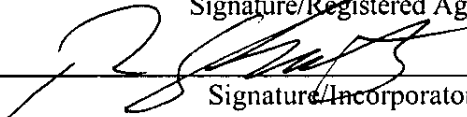
The name and address of the Incorporator is:

Ronald M. Shultz, CPA, PA  
4908 NW 34th Street Suite 10  
Gainesville, Fl 32605

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
*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*

\* Please see attached form for signature.

\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date  
10/7/09  
\_\_\_\_\_  
Date

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

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

Endine Pool Services, Inc.

2. The name and address of the registered agent and office is:

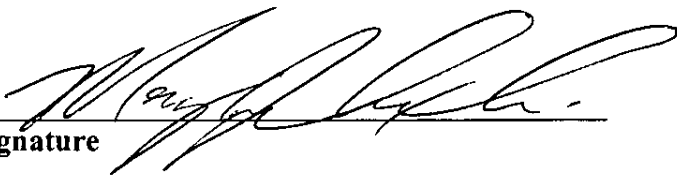
Morgan Oxendine  
(Name)

5322 NW 26 Place  
(P.O. Box NOT acceptable)

Gainesville FL 32609  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

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\*  
  
Signature

9-17-09  
Date