

P10000091431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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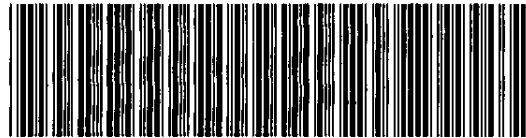
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Discount Pool Supplies II, 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: Jeffery Kapp

Name (Printed or typed)

1225 Tamiami Trail, Unit A9

Address

Port Charlotte, FL 33953

City, State & Zip

(941) 626-1586

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Discount Pool Supplies II, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1225 Tamiami Trail, Unit A9
Port Charlotte, FL 33953

Mailing address: ~~10018~~ A 11: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery A. Kapp, President

Address: 21276 Burkhardt Drive
Port Charlotte, FL 33952

Name and Title: _____

Address: _____

Name and Title: Kent C. Shellenbarger, V.P.

Address: 402 E. Tarpon Blvd.
Port Charlotte, FL 33952

Name and Title: _____

Address: _____

Name and Title: Samuel Grillo, Secretary

Address: 7491 Saint Regis Circle
Port Charlotte, FL 33981

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jeffery A. Kapp

Address: 21276 Burkhardt Drive
Port Charlotte, FL 33952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kent C. Shellenbarger

Address: 402 E. Tarpon Blvd.
Port Charlotte, FL 33952

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date