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TALLAHASSEE, FLORIDA

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J. Shivers DEC 01 2010

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COVER LETTER

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

SUBJECT: **FAITH FUL POOL SERVICE 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: **FAITH MUNOZ ADKINS**

Name (Printed or typed)

2935 66TH AVE NE

Address

NAPLES FL 34120

City, State & Zip

239-269-1395

Daytime Telephone number

FAITHFULPOOLSERVICES@GMAIL.COM

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

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

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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:

FAITHFUL POOL CLEANING SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2935 66TH AVE NE

NAPLES FL 34120

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CLEAN AND MAINAIN SWIMMING POOLS

ARTICLE IV SHARES

The number of shares of stock is: **1000 @1.00 COMMOM SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FAITH MUNOZ ADKINS P/V/P/T/S

Address: 2935 66TH AVE NE

NAPLES FL 34120

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: FAITH MUNOZ ADKINS

Address: 2935 66TH AVE NE

NAPLES FL 34120

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FAITH MUNOZ ADKINS

Address: 2935 66TH AVE NE

NAPLES FL 34120

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

Faith Munoz Adkins
Required Signature/Registered Agent /Incorporator

11/24/10
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

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TALLAHASSEE, FLORIDA