

P 110000034708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

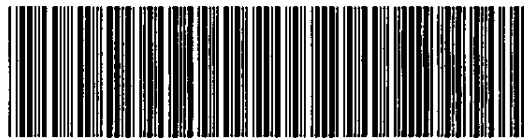
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600199472786

03/28/11--01055--005 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR -7 AM 11:12

APR 11 2011

6418

W11000018073

COVER LETTER

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

SUBJECT: Perfect Reflections 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: Josephine Musso

Name (Printed or typed)

344 SW Egret Landing

Address

Port St. Lucie, FL 34953

City, State & Zip

561-222-1811

Daytime Telephone number

mussoa@att.net /

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

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

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

March 31, 2011

To Whom It May Concern:

I, Rosario Curcio, sold my pool business and corporate name, Perfect Reflection Pools Services LLC, to Josephine Musso. I elect to dissolve the corporation name and do not intend on using the name Perfect Reflection Pool Services LLC, within the next year or thereafter. I authorize the name Perfect Reflection Pool Services to be utilized by Josephine Musso.

Respectfully Submitted,



Rosario Curcio
3-31-11



Christine Cortes

SECRETARY OF STATE
TALLAHASSEE, FL 32304

11 APR -7 AM 11:12

4-7-11
2:55
FILED

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:

Perfect Reflections Pool Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

344 SW Egret Landing
Port St. Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Pool Service

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Josephine Musso - Owner
Address: 344 SW Egret Landing
Port St. Lucie, FL 34953

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: Josephine Musso
Address: 344 SW Egret Landing
Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Josephine Musso
Address: 344 SW Egret Landing
Port St. Lucie, FL 34953

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

Josephine Musso
Required Signature/Registered Agent

4-4-11

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.

Josephine Musso
Required Signature/Incorporator

4-4-11

Date

11 APR - 7 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA