# P11000040214

(Requestor's Name)				
(Address)				
Ž.				
(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

W11-21152



000201219760

04/13/11--01025--013 \*\*87.50

IT APR 25 PH 2: 54

ALLAHASSEE, FI DAIDA

R 04/26/11



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2011

HOLIDAY, INC. 5000 N. OCEAN BLVD. #M LAUDERDALE-BY-THE-SEA, FL 33308

SUBJECT: HOLIDAY, INC. Ref. Number: W11000021152

We have received your document for HOLIDAY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000021770 (HOLIDAY LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section Letter Number: 311A00009166 JV SION OF CORP (99A1198)

11 APR 25 AM 8: 21

CEIVE

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

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

SUBJECT: HOLIDAY I  (PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED
	24. Inc.  (Printed or typed)  2an Blvd # M
Laudedale- by	1-the Sea, FL 33308 State & Zip
	or 954-330-9192 elephone number 2012.com or owen and pattiausa, notification

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

. /

•	ARTICLES OF INCOI In compliance with Chapter 607 and/o	or Chantar 621 E.S. (Drofit)	(BH)	
ARTICLE I The name of the	NAME corporation shall be: Holiday Inc.	Holiday Pod	ol Service, In	
ARTICLE II	Principal OFFICE Principal street address 5000 N. Ocean Blyd # M Laudedale-by-the-Seq.FL333	Mailing address	Mailing address, if different is:	
The number for	<u>PURPOSE</u> which the corporation is organized is: nig pool service, repair	ir, remodeling		
ARTICLE IV The number of sl	SHARES nares of stock is: 100			
	INITIAL OFFICERS AND/OR DIRECTORS Title: Owen John Hollday President SOOO N. Ocean BIVD. # M Lauderdale-by-the-Sea. Fl.33	Name and Title:Address:		
Name and Address:	Title: Patricia Ann Holiday 5000 N. Ocean Blud. #M Lauderdale-by-the-Soafi:			
Name and Address:	Title:	Name and Title:Address:		
ARTICLE VI The name and I Name: Address:	REGISTERED AGENT  Torida street address (P.O. Box NOT acceptable) of the stree	₹#M	TALLAHASS	
ARTICLE VII The name and a Name: Address:	INCORPORATOR  ddress of the Incorporator is:  Patricia A. Holida  5000 N. Ocean Blvd.  Lauderdale-by-the-S	#M Sea, FL 33308	PH 2:54	
	med as registered agent to accept service of process am familiar with and accept the appointment as regis			
<del>()</del>	Required Signature/Registered Agent	-	Date	
I submit this do	cument 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 S. 4/11/2011
Date