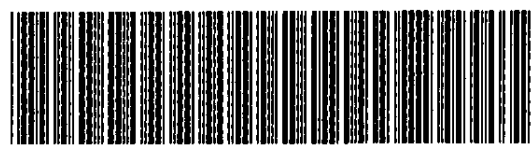


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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 26 PM 1:50

PS 8/29/11



## COVER LETTER

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

Tampa Pool and Spa Services, Inc

SUBJECT: Tampa 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: Mark Curleton  
Name (Printed or typed)

6409 SOUTH QUEENSWAY DR,  
Address

TAMPA, FL 33617  
City, State & Zip

813-965-1945  
Daytime Telephone number

mark.curleton Mark.Curleton@gmail.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: Tampa Pool Services, Inc Tampa Pool and Spa Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6409 South Queensway Dr  
Tampa, FL 33617

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide pools services, repair and maintenance to Tampa and surrounding areas.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Mark Curton / President Name and Title: \_\_\_\_\_  
Address: 6409 South Queensway Dr. Address: \_\_\_\_\_  
Tampa, FL  
33617

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Mark Curton  
Address: 6409 South Queensway Dr.  
Tampa, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mark Curton  
Address: 6409 South Queensway Dr.  
Tampa, FL

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

Mark Curton

Required Signature/Registered Agent

8/11/11  
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.

Mark Curton

Required Signature/Incorporator

8/11/11  
Date

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DIVISION OF CORPORATIONS  
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