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STATE
TALLAHASSEE, FLORIDA

11 SEP 30 PM 4:47

K 10/03/11

COVER LETTER

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

SUBJECT: SINJIN'S 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: MARIL Benke
Name (Printed or typed)
12933 CLIFTON DR
Address
Boca Raton FL 33428
City, State & Zip
516-528-1771
Daytime Telephone number
Boxer 2317 @ 90L.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: SINJIN'S POOL SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

12933 CLIFTON DR
BOCA RATON, FL
33428

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANIK BERKE

Address:

12933 CLIFTON DR
BOCA RATON, FL
33428

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: MANIK BERKE

Address: 12933 CLIFTON DR
BOCA RATON, FL
33428

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MANIK BERKE

Address: 12933 CLIFTON DR
BOCA RATON, FL 33428

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

Manik Berke
Required Signature/Registered Agent

9/25/11
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.

Manik Berke
Required Signature/Incorporator

9/25/11
Date

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
11 SEP 30 PM 4:17