P12-0000 10068

	-	
(Re	equestor's Name)

(Ac	ldress)	
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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

SUBJECT: ALL POOL ASSO	ciation elnc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COPT REQUIRED
	Cook Jr. e (Printed or typed)
1601 U.S. Hy	oy. 41. South
Ruskin, 7	1). 33570 State & Zip
813 - U Daytime T	elephone number
Scosa	

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: QLL Pool	Association	inc, Inc.
Principal office Principal street address (60) U.S. Hwy 41. Society Buskin, 71 33570	Mailing address, SUN C	if different is: 4.5/25 4. Center, 41. 33571
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		
ARTICLE IV SHARES The number of shares of stock is:		
Name and Title: Somuel Cook Jr. Address: 1601 U.S. Now 41. Sou President 33570	Name and Title:	
Name and Title: Address:		
Name and Title:Address:		JA V
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of Name:	the registered agent is:	PH 3 57
ARTICLE VII INCORPORATOR		**************************************
The name and address of the Incorporator is: Name: Address: Name: Address: Name: Address: Name: Address: Name: Address: Name: Name	South	
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as regi	stered agent and agree to act in thi	at the place designated in is capacity
Sam Cosh Dr		1-24-12
Sam Coch D Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felony	true. I am aware that the false in	formation submitted in a
I am Cook Q		1-24-12 Date
Required Signature/Incorporator		Date