

PI2 000033586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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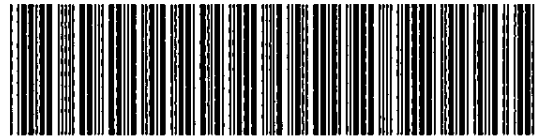
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/12--01014--023 **87.50

FILED.

12 APR -6 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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COVER LETTER

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

SUBJECT: **BLUE MARINE 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: **RAMIRO QUINTERO**

Name (Printed or typed)

11715 W ATLANTIC BLVD APT 32

Address

CORAL SPRINGS FL 33071

City, State & Zip

954-670-7015

Daytime Telephone number

eljunior01@hotmail.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)

FILED

ARTICLE I NAME

Blue Marine Pool Service INC

12 APR -6 PM 12:33

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

11715 W Atlantic Blvd Apt 32

Coral Springs FL 33071

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Business Activities

ARTICLE IV SHARES

The number of shares of stock is: 1,000 The par value of each share of stock is \$ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ramiro Quintero President

Address: 11715 W Atlantic Blvd Apt 32

Coral Springs FL 33071

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: Ramiro Quintero

Address: 11715 W Atlantic Blvd Apt 32

Coral Springs FL 33071

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ramiro Quintero

Address: 11715 W Atlantic Blvd Apt 32

Coral Springs FL 33071

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



Required Signature/Registered Agent

04/02/2012

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.



Required Signature/Incorporator

04/02/2012

Date