# P12D00033667

| (Requestor's Name)                      |                   |                 |  |  |  |
|---|-------------------|-----------------|--|--|--|
| (Address)                               |                   |                 |  |  |  |
| (Address)                               |                   |                 |  |  |  |
| (City                                   | //State/Zip/Phone | <del>e</del> #) |  |  |  |
| PICK-UP                                 | WAIT              | MAIL            |  |  |  |
| (Bus                                    | siness Entity Nan | ne)             |  |  |  |
| (Document Number)                       |                   |                 |  |  |  |
| Certified Copies                        | Certificates      | of Status       |  |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |  |
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TO APR -6 AH 8: 24

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W1200012969

### **COVER LETTER**

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

| SUBJECT: D.A.P.POOL SERVICES INC.  |   |  |  |  |  |
|--|---|--|--|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  |   |  |  |  |  |
| Enclosed are an original and one (1) copy of the artic   | cles of incorporation and a check for:  |  |  |  |  |
| \$70.00 Filing Fee & Certificate of Status   | \$78.75 \$87.50 Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |  |  |  |  |
|  |   |  |  |  |  |
| FROM: DORLA ARMSTREET. Name  | (Printed or typed)  |  |  |  |  |
| PO BOX 207   |   |  |  |  |  |
| Address  |   |  |  |  |  |
| SUMMIT, MS 39666<br>City, S  | State & Zip   |  |  |  |  |
| Daytime Telephone number   |   |  |  |  |  |
| boggsandassoc@bellsouth.net E-mail address: (to be used for future annual report notification) |   |  |  |  |  |

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



# RECEIVED 12 APR -3 AM 9: 54

## FLORIDA DEPARTMENT OF STATESECHE MARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

March 6, 2012

DORLA ARMSTREET PO BOX 207 SUMMIT, MS 39666

SUBJECT: D.A.P. POOL SERVICES INC.

Ref. Number: W12000012969

We have received your document for D.A.P. POOL SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The registered agent must sign accepting the designation.

Please return 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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 212A00008624



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12 APR -6 AMII: 33

SECRETARY OF STATE TALLAHASSEE: PLORIDA

#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 6, 2012

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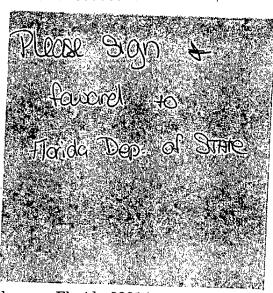
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Jessica A Fason Regulatory Specialist II

Letter Number: 212A00008624



www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I No.                                     | D.A.P. POOL SERV  | ICES INC.        |   |                  |
|---|---|------------------|---|------------------|
|   | RINCIPAL OFFICE Principal street address PRINCIPAL OFFICE                               | £                | Mailing address, if different is: PO BOX 207 SUMMIT, MS 39666 |                  |
| 93  | 1 Pelican Place<br>nama City Beach, Fl 32401  | ·                |   |                  |
| ARTICLE III PU The purpose for which SERVICING OF | the corporation is organized is:  |                  |   |                  |
| ARTICLE IV SH<br>The number of shares of          |   | CTORS            |   |                  |
| Name and Title:                                   | DORLA ARMSTREET-PRESID<br>PO BOX 207 SUMMIT, MS 3:                                      | ENT Name a       | s:  |                  |
| Name and Title;<br>Address:                       |   | Name a           | s:  |                  |
| Name and Title:<br>Address:                       |   | Address          | and Title:s:  |                  |
|   | GISTERED AGENT<br>a street address (P.O. Box NOT acceptal<br>NORTHWEST REGISTERED AGEN  |                  | ered agent is:  | 12)              |
| Address:  | 3111 W. DR. MLK BKVD , STE 10<br>TAMPA, FLORIDA 33607                                   | 00-B180          |   | APR -            |
| ARTICLE VII IN The name and address Name:         | s of the Incorporator is:   |                  |   |                  |
| 1.4   | DORLA ARMSTREET PO BOX 207 SUMMIT, MS   | 39666            |   | 8: 2             |
|   | ns registered agent to accept service of p<br>amiliar with and accept the appointment   |                  |   |                  |
|   | Required Signature/Registered Agen  | t                | <del></del>   | 2/3/2017<br>Dete |
|   | nt and affirm that the facts stated herel<br>riment of State constitutes a third degree | n are true. I an |   |                  |
| Dal   | Required Signature/Incorporator   |                  |   | 4 3 112<br>Date  |