

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
WATER OTTER POOL SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Help MAY 23 2012

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

ARTICLE I NAME Water Otter Pool Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
3705 Enid Lane
North Port, Florida 34288

Mailing address, if different in:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any lawful purpose.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Rivero, President	Name and Title: _____
Address: 3705 Enid Lane	Address: _____
North Port, Florida 34288	_____
_____	_____
Name and Title: Adam Rivero, Vice President	Name and Title: _____
Address: 3705 Enid Lane	Address: _____
North Port, Florida 34288	_____
_____	_____
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: Lori Rivero
Address: 3705 Enid Lane
North Port, Florida 34288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lori Rivero
Address: 3705 Enid Lane
North Port, Florida 34288

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

May 17, 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

May 17, 2012

Date

FILED

12 MAY 22 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA