

P12000071705

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FD-302

12 AUG 17 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L Burch AUG 21 2012

COVER LETTER

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

SUBJECT: 305 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: THOMAS DIAZ
Name (Printed or typed)

347 CASTLEWOOD LANE
Address

ROCKLEDGE, FL 32955
City, State & Zip

321 576 8250
Daytime Telephone number

TDIAZ@305POOLS.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 AUG 20 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 10, 2012

THOMAS DIAZ
347 CASTLEWOOD LANE
ROCKLEGDE, FL 32955

SUBJECT: 365 POOL SERVICE, INC
Ref. Number: W12000041845

We have received your document for 365 POOL SERVICE, 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):

Please complete Article(s) I.

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected original and one copy of 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.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00020747

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: 365 POOL SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
347 CASTLEWOOD LANE
ROCKLEDGE FL 32955

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESIDENTIAL, COMMERCIAL POOL SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS DIAZ (PRESIDENT)
Address: 347 CASTLEWOOD LANE
ROCKLEDGE, FL 32955

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:

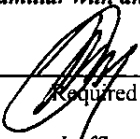
Name: THOMAS DIAZ
Address: 347 CASTLEWOOD LANE
ROCKLEDGE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THOMAS DIAZ
Address: 347 CASTLEWOOD LANE
ROCKLEDGE, FL 32955

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

8/3/12

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

8/3/12

Date

FILED
12 AUG 17 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA