

# P/2000072008

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV  
(SHARES) TO READ 100.  
ALSO CORRECTED ARTICLE  
I (NAME) TO HAVE A COMMA,  
PER TELEPHONE CONVERSATION  
WITH JOSE A ORTUELA.

Office Use Only

*08/22/12*



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08/20/12--01027--021 \*\*87.50

FILED  
12 AUG 20 PM 12:22  
JENNIFER L. WHITE  
TALLAHASSEE, FLORIDA

W12-43704

*08/22/12*

## COVER LETTER

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

SUBJECT: SUNSHINE POOL AND LEAK LOCATORS. CORP.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/>	\$70.00 Filing Fee	<input type="checkbox"/>	\$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/>	\$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/>	\$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>							

FROM: Maria N. Orjuela  
Name (Printed or typed)

30541 SW 188 CT  
Address

Homestead, FL 33030  
City, State & Zip

(786) 237-5494  
Daytime Telephone number

Sunshinepoolandleaklocators@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: SUNSHINE POOL AND LEAK LOCATORS, CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

30541 SW 188 CT  
Homestead, FL 33030

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Finding Leaks in pools using Dye.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA N. ORTUELA

Address: PRESIDENT  
30541 SW 188 CT  
Homestead, FL 33030

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: JOSE A. ORTUELA JR.

Address: TREASURER  
30541 SW 188 CT  
Homestead, FL 33030

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: MARIA N. ORTUELA  
Address: 30541 SW 188 CT  
Homestead, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA N. ORTUELA  
Address: 30541 SW 188 CT  
Homestead, FL 33030

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

Maria N. Ortuela

Required Signature/Registered Agent

08/15/2012  
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.

Maria N. Ortuela

Required Signature/Incorporator

08/15/2012  
Date

12 AUG 20 PM 12:22  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA