

08/10/2000 00:00

#5825

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000236440 3)))



H120002364403ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
POOL LEAK STOPPERS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

12 SEP 28 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

12 SEP 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4



September 28, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: POOL LEAK STOPPERS INC.
REF: W12000049903

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000236440
Letter Number: 112A00024221

08/10/2030 00:51

#5825 P.003/005

H12000238440

SEPTEMBER 26TH 2012

Florida Department of State

Attention: New Filings Section

To whom it may concern:

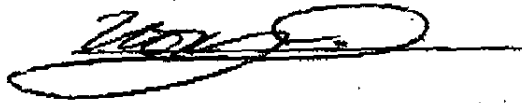
This is to advise you that the owners of
of Doc # P11000004543

POOL LEAK STOPPERS INC

are the same owners of the attached

articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

A handwritten signature in black ink, appearing to be "Mark", written over a horizontal line.

H12000238440

H12000236440

ARTICLES OF INCORPORATION

FILED
12 SEP 28 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

POOL LEAK STOPPERS INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

6100 SW 84 ave
Miami FL 33143

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WILLIAM O. MENDEZ
6100 SW 84 ave
Miami FL 33143

H12000236440

FILED

12 SEP 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000236440

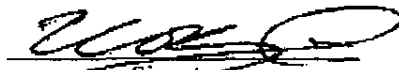
ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

William O. MENDEZ
6100 SW 84 AVE
Miami FL 33143

The undersigned incorporator has executed these Articles of Incorporation this

20th day of September 2012


Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

WILLIAM O. MENDEZ (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT

/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

H12000236440