

PR3000002529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

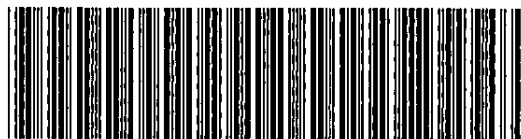
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700242163047

01/07/13--01015--015 **78.75

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 JAN -7 AM 8:08

FILED

1/8
8

COVER LETTER

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

SUBJECT: Deluxe Pool Care, 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: David C. Spargo

Name (Printed or typed)

9825 Moss Rose Way

Address

Orlando, FL 32832

City, State & Zip

407-271-7692

Daytime Telephone number

flaspargo@aol.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: **Deluxe Pool Care, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
9825 Moss Rose Way
Orlando, FL 32832

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Pool Cleaning**

ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David C. Spargo, President/ Treasurer
Address: 9825 Moss Rose Way
Orlando, FL 32832

Name and Title: _____
Address: _____

Name and Title: Charles H. Spargo, Vice President
Address: 9825 Moss Rose Way
Orlando, FL 32832

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: David C. Spargo
Address: 9825 Moss Rose Way
Orlando, FL 32832

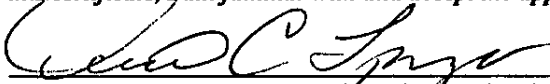
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David C. Spargo
Address: 9825 Moss Rose Way
Orlando, FL 32832

FILED
13 JAN - 7 AM 8:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

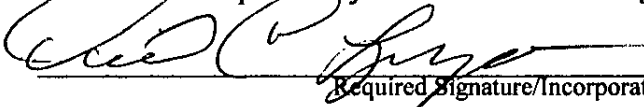


Required Signature/Registered Agent

January 4, 2013

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

January 4, 2013

Date