

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT - ☐ MAIL

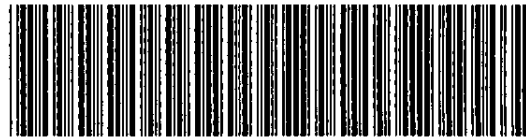
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/15

COVER LETTER

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

SUBJECT: Oasis Pools, Spas & Construction
(PROPOSED CORPORATE NAME / MUST INCLUDE SUFFIX) Inc.

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: Wilfredo Leiva Jr.
Name (Printed or typed)

17001 S.W. 92 ct.
Address

Palmetto Bay, Fla. 33157
City, State & Zip

305-389-6182
Daytime Telephone number

W.L.Jr@Comcast.net
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:

Oasis Pools, Spas and Construction Inc,

ARTICLE II PRINCIPAL OFFICE

Principal street address

*17001 SW 92 CT
Palmetto Bay FL
33157*

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Wilfredo Leiva Sr. Pres* Name and Title: _____

Address: *17001 SW 92 CT* Address: _____

*Palmetto Bay, FL
33157*

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: *Wilfredo Leiva Sr.*

Address: *17001 SW 92 CT*

Palmetto Bay FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Wilfredo Leiva Sr.*

Address: *17001 SW 92 CT*

Palmetto Bay FL 33157

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

Wilfredo Leiva Sr.

Required Signature/Registered Agent

Feb-11-2013

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.

Wilfredo Leiva Sr.

Required Signature/Incorporator

Feb-11-2013

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA