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TALLAHASSEE, FLORIDA

113-7131 MD 2/18

COVER LETTER

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

SUBJECT: SPARKLING POOLS & PRESSURE CLEANING 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 \$78.75
Filing Fee 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
ADDITIONAL COPY REQUIRED	

FROM: CAROLINA HERNANDEZ MENDOZA
Name (Printed or typed)
3525 WINIFRED ROW LANE # 2904
Address
NAPLES, FLORIDA 34116
City, State & Zip
239-200-2552
Daytime Telephone number
CAROLINAHE24@YAHOO.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

February 5, 2013

CAROLINA HERNANDEZ MENDOZA
3525 WINIFRED ROW LANE #2904
NAPLES, FL 34116

SUBJECT: SPARKLING POOLS & PRESSURE CLEANING INC.
Ref. Number: W13000007031

We have received your document for SPARKLING POOLS & PRESSURE CLEANING INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 413A00002797

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME SPARKLING POOLS & PRESSURECLEANING INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
3525 WINIFRED ROW LN # 2904
NAPLES, FL 34116

Mailing address, if different is: _____

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ALLIANCE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES ONE HUNDRED
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIGUEL ANGEL MADURGA
Address: 3525 WINIFRED ROW LN # 2904
NAPLES FLORIDA 34116
P

Name and Title: CAROLINA HERNANDEZ MENDOZA
Address: 3525 WINIFRED ROW LN # 2904
NAPLES FLORIDA 34116
VP

Name and Title: JOSE BENITO RAMIREZ
Address: 3525 WINIFRED ROW LN # 2904
NAPLES, FLORIDA 34116
S

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CAROLINA HERNANDEZ MENDOZA

Address: 3525 WINIFRED ROW LANE # 2904
NAPLES, FLORIDA 34116

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CAROLINA HERNANDEZ MENDOZA

Address: 3525 WINIFRED ROW LANE # 2904
NAPLES, FLORIDA 34116

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

Carolina

Required Signature/Registered Agent

1-31-13

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.

Carolina

Required Signature/Incorporator

1-31-13

Date