1300042701

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only
691- 6429. W1300022827

с,



04/17/13--01013--013 **70.00

DIVISION OF CORPORATIONS

,

of 5/14/13

COVER LETTER

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

A.

SUBJECT: <u>CHAISTINE'J</u> POOL SEAVICE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
 \$87.50
 Filing Fee
 Certified Copy
 Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: ROBEAT PILEMAL Name (Printed or typed) SU 170TH ST. # 207 Address 9420 3 MAY 13 PH 4: 44 PRIMETTO BAY FL 33157 City, State & Zip 786 · 443 · 5787 Daytime Telephone number PIMENTAL _ Rubert 2003 C Yahoo.cum E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



RECEIVED 13 MAY 13 PH 1:24

INVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2013

ROBERT PIMENTEL 9420 SW 170TH STREET UNIT 207 PALMETTO BAY, FL 33157

SUBJECT: CHRISTINE'S POOL SERVICE INC Ref. Number: W13000022827

We have received your document for CHRISTINE'S POOL SERVICE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable.Please refer to the following link for acceptable officer/director titleinformation. 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 613A00009361



www.sunbiz.org

Division of Communities D.O. DOV (2007 Mellich agence Flowide 2021)

	In compli	ance with Chapter 607	and/or Chapter 621.	, F.S. (Profit)		RY OF STATE
TICLE I NA	ME ation shall hav	HOISTINE'S	Rual S.	Fruite		CORPORATION
	INCIPAL OFFIC			<u> </u>		3 PH 4:44
	Principal street			Mailing addro	ess, if different is:	
9.420 50	+170 pt	ST # 207				
Palme Tre	BAY, F	L 53157				
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Name and Title:	 Name and Title	;
Address	 Address:	

REGISTERED AGENT ARTICLE VI

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

Name:	ROBERT PIMENTAL
Address:	9420 SW 170 th Sr 4207
	PRIMETTO DAY, EL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:	ROBENT /IMENTAL
Address:	9420 SW 170 TH ST. # 207
	PRIMOTIO SMY FL 33157

Having been named arteristered agent to accept service of process for the above stated corporation at the place designated in icate, I any faraliar with and accept the appointment as registered agent and agree to act in this capacity this

Required Signature/Registered Agent

I submip 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 Star constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

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