

P13000082295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

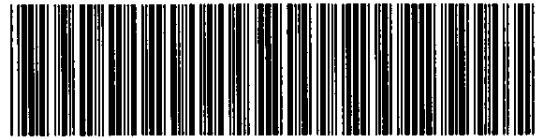
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100252275871

10/04/13--01033--015 **78.75

FILED
13 OCT -4 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/67/13

COVER LETTER

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

SUBJECT: **G2C Pool & Spa Service 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Guy J Farey Jr**

Name (Printed or typed)

619 Lake Cypress Cir

Address

Oldsmar, FL 34677

City, State & Zip

941-587-4461

Daytime Telephone number

guy.farey@gmail.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: G2C Pool & Spa Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

619 Lake Cypress Cir
Oldsmar FL 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is formed and
operated for the purpose of maintaining, servicing, and
repairing residintial and comercial swimming pools and
equipment.

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guy J Farey Jr President

Name and Title: _____

Address 619 Lake Cypress Cir
Oldsmar, FI 34677

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
13 OCT -4 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Guy J Farey Jr
Address: 619 Lake Cypress Cir
Oldsmar Fl 34677

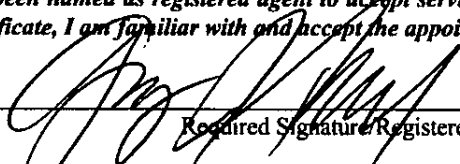
ARTICLE VII INCORPORATOR

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

Name: Guy J Farey Jr
Address: 619 Lake Cypress Cir
Oldsmar FL 34677

FILED
13 OCT -4 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

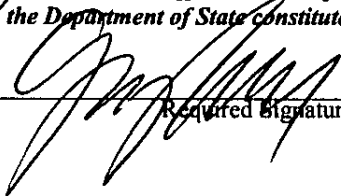
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/01/2013
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

10/01/2013
Date