

P130000100147

(Requestor's Name)

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(City/State/Zip/Phone #)

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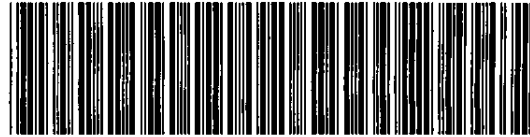
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Mike Schmidt Pools 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: Michael F Schmidt

Name (Printed or typed)

315 Hibiscus Street

Address

West Palm Beach, FL 33401

City, State & Zip

561-835-8778

Daytime Telephone number

egad@bellsouth.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: Mike Schmidt Pools Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

315 Hibiscus Street
West Palm Beach, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool service maintenance

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael F Schmidt, Pres

Name and Title: _____

Address: 315 Hibiscus Street
West Palm Beach, FL 33401

Address: _____

Name and Title: Kathleen J McPhillips, Treas

Name and Title: _____

Address: 315 Hibiscus Street
West Palm Beach, FL 33401

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

Mike Schmidt Pools Inc.

Article 8 Effective Date

The effective date of this Corporation will January 1, 2014.

(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: Kathleen J McPhillips
Address: 315 Hibiscus Street
West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael F Schmidt
Address: 315 Hibiscus Street
West Palm Beach, FL 33401

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.

Kathleen J McPhillips
Required Signature/Registered Agent
KATHLEEN J McPHILLIPS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
12/13/13
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.

Michael F Schmidt
Required Signature/Incorporator
MICHAEL F SCHMIDT

12/13/13
Date