

P/400024119

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 14 PM 12:01

3-21874

**COVER LETTER**

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

**SUBJECT: MYLY POOL SERVICES CORP.**

(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: FABIO CESAR BRESSAN**

Name (Printed or typed)

**5441 NE 1 AVE**

Address

**OAKLAND PARK, FL - 33334**

City, State & Zip

**561-502-3233**

Daytime Telephone number

**fabiobressan8@hotmail.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAR 14 PM 12:01

**ARTICLE I NAME**

The name of the corporation shall be:

MYLY POOL SERVICES CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5441 NE 1 AVE

OAKLAND PARK, FL 33334

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE PROFESSIONAL POOL CLEANING AND SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

02

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

FABIO CESAR BRESSAN

Address

5441 NE 1 AVE

OAKLAND PARK, FL  
33334

Name and Title:

PVST

Address:

SAME

Name and Title:

SANDRA LUCIA FONSECA

Address

5441 NE 1 AVE

OAKLAND PARK, FL  
33334

Name and Title:

DIRECTOR

Address:

SAME

Name and Title:

Address

Name and Title:

Address:

(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: FABIO C. BRESSAN

Address: 5441 NE 1 AVE

OAKLAND PARK, FL 33334

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: FABIO CESAR BRESSAN

Address: 5441 NE 1 AVE

OAKLAND PARK, FL 33334

*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

03/05/2014

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

03/05/2014

Date