

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Pool & Patio Depot Pompano Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FILED
14 JUL 16 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature] 07/17/14

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: Pool & Patio Depot Pompano 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: Christopher J. Leff

Name (Printed or typed)

One Church Street, P.O. Box 1307

Address

Burlington, VT 05402-1307

City, State & Zip

(802) 658-2311

Daytime Telephone number

cleff@pfclaw.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: Pool & Patio Depot Pompano Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2201 West Atlantic Blvd.

Pompano; FL 33069

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 5000 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Martin Rathé, President and Director

Address: 888 Boulevard Industriel

Bols-des-Fillon, QC J6Z 4V1, Canada

Name and Title: _____

Address: _____

Name and Title: Alain Duchesneau, Vice President, Secretary, and Director

Address: 888 Boulevard Industriel

Bols-des-Fillon, QC J6Z 4V1, Canada

Name and Title: _____

Address: _____

Name and Title: Annick Aumont, Treasurer and Director

Address: 888 Boulevard Industriel

Bols-des-Fillon, QC J6Z 4V1, Canada

Name and Title: _____

Address: _____

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JUL 16 2014

(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: CT Corporation System
Address: 1200 South Pine Island Road
Plantation, FL, 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Christopher J. Leff
Address: One Church Street, P.O. Box 1307
Burlington, VT 05402-1307

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.
CT Corporation System

By: Amy Berteletti **AMY BERTELETTI** 7/16/14
Required Signature/Registered Agent VICE PRESIDENT 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.817.153, F.S.

Christopher J. Leff 07/16/2014
Required Signature/Incorporator Date

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