

P14000071023

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14 AUG 20 AM 11:10
DIVISION OF REVENUE
STATE OF NEW YORK

COVER LETTER

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

SUBJECT: Neeser Pool & Spa Services 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: Dolores Strockbine
Name (Printed or typed)

1314 Lafayette St
Address

Cape Coral, FL 33904
City, State & Zip

239-549-2444
Daytime Telephone number

dstrockbine@hillcocpa.com
E-mail address: (to be used for future annual report notification)

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

July 17, 2014

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

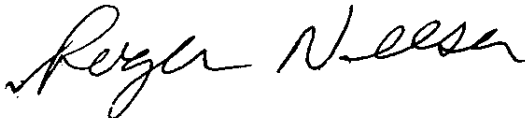
RE: Neeser Pool & Spa Services Inc
Document #P04000092128
Status: Inactive- Annual Report

Dear Sirs/Madam:

Please be advised that the above Corporation was dissolved for non payment of annual report fees. I do not wish to reinstate this Corporation and release it at this time.

Thank you for your assistance in this matter.

Sincerely,



Roger Neeser

RECEIVED
DIVISION OF CORPORATIONS
17 AUG 20 AM 11:10

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: Neeser Pool & Spa Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3516 SW Santa Barbara Place

Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: cleaning & service pools

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Neeser PD Name and Title: _____

3516 SW Santa Barbara Place

Address _____ Address: _____

Cape Coral, FL 33914

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

STATE OF FLORIDA
DIVISION OF CORPORATE
REGISTRATION
AUG 20 AM 11:10

(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: Thomas W Hill
Address: 1314 Lafayette St
Cape Coral, FL 33904

STATE OF FLORIDA
DIVISION OF CORPORATIONS
AUG 20 AM 11:10

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roger Neeser
Address: 3516 SW Santa Barbara Place
Cape Coral, FL 33914

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

TWH Thomas W Hill
Required Signature/Registered Agent

8-18-14
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.

RN Roger Neeser
Required Signature/Incorporator

8-18-14
Date