

PK4000080648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

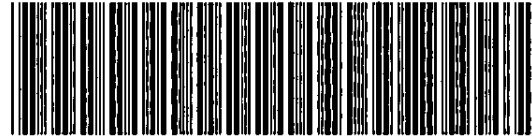
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/29/14--01033--012 \*\*78.75

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14 SEP 29 PM 2:25  
SEALING STATE  
ALL AMUSEMENT FLORIDA

MD 10/1

## COVER LETTER

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

SUBJECT: **JUDE HUBBARD POOL 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

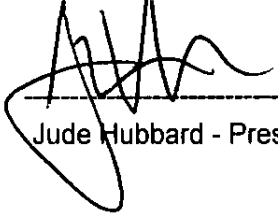
☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **JUDE HUBBARD**  
Name (Printed or typed)  
**3680 43RD AVE NE**  
Address  
**NAPLES, FL 34120**  
City, State & Zip  
**239-777-0339**  
Daytime Telephone number  
E-mail address: (to be used for future annual report notification)

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

I Jude Hubbard release the name Jude Hubbard Pool Service Inc. to be reused.



Jude Hubbard - President

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CLERK OF DISTRICT COURT  
ALTAIR COUNTY, FLORIDA

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: JUDE HUBBARD POOL SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3680 43RD AVE NE

NAPLES, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: POOL CLEANING

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: JUDE HUBBARD - P

Name and Title: \_\_\_\_\_

Address 3680 43RD AVE NE  
NAPLES, FL 34120

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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FILE  
CLERK OF COURT  
CLERK OF COURT

(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: JUDE HUBBARD

Address: 3680 43RD AVE NE

NAPLES, FL 34120

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

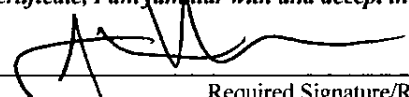
Name: JUDE HUBBARD

Address: 3680 43RD AVE NE

NAPLES, FL 34120

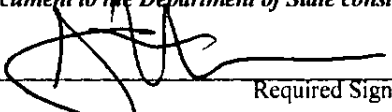
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

9/1/2014  
\_\_\_\_\_  
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

9/1/2014  
\_\_\_\_\_  
Date