

PAU00093591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

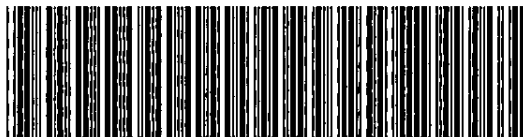
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/17/14--01009--017 **78.75

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COVER LETTER

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

SUBJECT: **Dream Clean 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 Walk**

Name (Printed or typed)

1355 Lake dr

Address

Casselberry, FL 32707

City, State & Zip

321-261-2171

Daytime Telephone number

dreamcleanpools@gmail.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: Dream Clean Pools Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

1355 Lake Dr

Casselberry, FL 32707

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide professional maintenance for residential swimming pools and spas.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Walk President

Name and Title: _____

Address 1355 lake dr

Address: _____

Casselberry, FL 32707

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

(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: Michael Walk
Address: 1355 Lake dr
Casselberry, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Walk
Address: 1355 Lake dr
Casselberry, FL 32707

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

Michael Walk
Required Signature/Registered Agent

10/20/2014

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.

Michael Walk
Required Signature/Incorporator

10/20/2014

Date