

P14000094739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

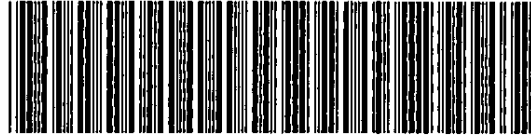
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T. SCOTT



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COVER LETTER

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

SUBJECT: Chem-Right Pool Pros, 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: James Kemme

Name (Printed or typed)

11416 Lake Katherine Circle

Address

Clermont, FL 34711

City, State & Zip

352 241-9148

Daytime Telephone number

ChemRightJim@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: Chem-Right Pool Pros, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11416 Lake Katherine Circle

Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To provide consultative swimming pool maintenance service for commercial and residential pools.

ARTICLE IV SHARES

The number of shares of stock is: 3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Kemme

Name and Title: _____

Address: President

Address: _____

11416 Lake Katherine Circle

Clermont, FL 34711

Name and Title: Roger Moose

Name and Title: _____

Address: Treasurer

Address: _____

1877 County Road 654

Bushnell, FL 33513

Name and Title: Ronald Moose

Name and Title: _____

Address: Vice President & Secretary

Address: _____

711 Marietta Street

Leesburg, FL 34748

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DIVISION OF REVENUE
STATE OF FLORIDA

(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: James Kemme
Address: 11416 Lake Katherine Circle
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Kemme
Address: 11416 Lake Katherine Circle
Clermont, FL 34711

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

James Kemme
Required Signature/Registered Agent

11/17/14
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.

James Kemme
Required Signature/Incorporator

11/17/14
Date