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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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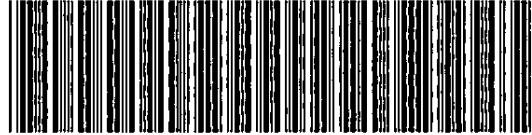
(Business Entity Name)

(Document Number)

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12/08/14

James A Quinn
9053 Morris Rd
Fort Myers, FL 33967
239-826-2811

November 24, 2014

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

RE: Addendum to Articles of Incorporation for Royal Swan Pool Care Inc.

To Whom It May Concern:

I am writing this Addendum to the Articles of incorporation for Royal Swan Pool Care Inc.

The Company, Royal Swan Pool Care Inc, beginning date will be: December 1, 2014, not November 24, 2014.

If you have any questions, please let me know.

Sincerely:



James A Quinn

~~Manager~~

President

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

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

SUBJECT: Royal Swan Pool Care 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: James A Quinn

Name (Printed or typed)

9053 Morris Road

Address

Fort Myers, FL 33967

City, State & Zip

239-826-2811

Daytime Telephone number

TBeardmore1@earthlink.net

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:

Royal Swan Pool Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

9053 Morris Road

Fort Myers, FL 33967

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To open up a legal Corporation in the

State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James A Quinn - Manager

Address

9053 Morris Rd

Fort Myers, FL 33967

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

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SECRETARY OF STATE
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: Teresa Lea Beardmore EA
Address: 90 Pine Island Road Suite B
N Ft Myers, FL 33903

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James A Quinn
Address: 9053 Morris Rd
Fort Myers, FL 33967

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

Teresa Lea Beardmore EA
Required Signature/Registered Agent

11-24-14
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 A Quinn
Required Signature/Incorporator

11-30-2014
Date