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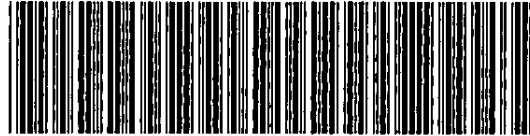
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15 APR 17 AM 11:09

COVER LETTER

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

SUBJECT: POOLS-X-PERTS, 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: MICHAEL E. LACHANCE
Name (Printed or typed)

P.O. BOX 4101
Address

DEERFIELD BEACH, FLORIDA 33442
City, State & Zip

754-235-9226
Daytime Telephone number

LACHANCE M @ Y MAIL, 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:

POOLS-X-PERTS, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

305 NW 49TH PLACE
POMPANO BEACH, FL. 33064

P.O. BOX 4101
DEERFIELD BEACH, FL. 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

POOL REPAIR COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

MICHAEL E. LACHANCE

Name and Title:

Address

PRESIDENT
305 NW 49TH PLACE
POMPANO BEACH, FL.
33064

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

15 APR 17 AM 11:09

(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: MICHAEL E. LACHANCE

Address: 305 NW 49TH PLACE
POMPANO BEACH, FL. 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL E. LACHANCE

Address: 305 NW 49TH PLACE
POMPANO BEACH, FL. 33064

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 E. Lachance

Required Signature/Registered Agent

April 11/2015

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 E. Lachance

Required Signature/Incorporator

April 11/2015

Date