

P15000043307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

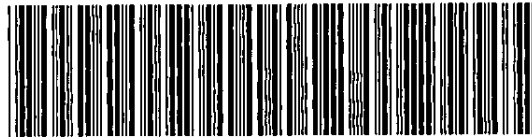
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAY 14 2015

T. SCOTT



200271665432

05/15/15--01002--016 **70.00

RECEIVED
DEPARTMENT OF
DIVISION OF
15 MAY 14 PM 5:19
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

15 MAY 14 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: CRYSTAL POOL SOLUTIONS 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 B. TARWATER
Name (Printed or typed)

410 LAKE CIRCLE DRIVE
Address

CANTONMENT, FL. 32533
City, State & Zip

850-293-5255
Daytime Telephone number

jb tarwater@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: CRYSTAL POOL SOLUTIONS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

410 LAKE CIR DR.
CANTONMENT
Florida 32533

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JAMES B. TARWATER</u>	Name and Title: <u>Titus Glenn V.P.</u>
<u>President.</u>	
Address: <u>410 LAKE CIR. DR</u>	Address: <u>410 LAKE CIR. DR.</u>
<u>CANTONMENT, FL 32533</u>	<u>CANTONMENT, FL 32533</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 PM 5:25

APPROVED
AND
FILED

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 B. TARWATER
Address: 410 LAKE CIR. DR.
CANTONMENT, FL. 32033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES B. TARWATER
Address: 410 LAKE CIR. DR.
CANTONMENT, FL. 32033

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

05-14-15
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

05-14-15
Date