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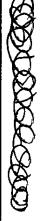
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T SCHROEDER

COVER LETTER

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

SUBJECT: Se	rgeant Pools AND SPAS, Co	RP.	
50DJLC11	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
\$ 70.0	00 🗖 \$78.75	\$78.75	\$87.50
Filing Fe	ee Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	
J FROM:	Alberto Monteiro Alves da Silva Name	e (Printed or typed)	
	5690NW 74th Place Apt. 106		
		Address	
	CoconutCreek,FL 33073		
	City,	State & Zip	
	954-560-1847		
	Daytime T	elephone number	
	sergeant.pools@hotmail.com		

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 25, 2015

JOSE ALBERTO MONTEIRO ALVES DA SILVA 5690 NW 74TH PL #106 COCONUT CREEK, FL 33073

SUBJECT: SERGEANT POOLS AND SPAS, CORP.

Ref. Number: W15000043743

We have received your document for SERGEANT POOLS AND SPAS, CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Terri J Schroeder Regulatory Specialist II

Letter Number: 615A00013381

www.sunbiz.org

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporati	on shall be: SergeanTOOLS AND SPA	S, LORY.	
ARTICLE II PRINCI	Principal street address	Mailing addro	ess, if different is:
CoconutCreek,FL 330			
	SE ne corporation is organized is: CIAL POOLS AND SPA		Residential
			SECRE 15 SEP
ARTICLE IV SHARI The number of shares of share			TARY OF STA OF CORPORA -2 AM 8:
Name and Title: JoseAlberto Monteiro Alves Da S 5690NW 74th Place Apt. 106		Name and Title:	
	Coconut (REEK, FL 33073		
Name and Title:		Name and Title:	
Address			
		•	
Name and Title	·	Name and Title:	
Address			

Name and	l Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	JoseAlberto Monteiro Alves Da Silva	,	
Address:	5690NW 74th Place Apt. 106	•	
	CoconutCreek,FL 33073		
ARTICLE VII	<u>INCORPORATOR</u>		SEC 15:
The name and ad	ldress of the Incorporator is:		SEP PR
Name:	JoseAlberto Monteiro Alves Da Silva		FAR -2
Address:	5690NW 74thPlace Apt. 106		CORP AM PROPERTY
	CoconutCreek,FL 33073	_ 	9: 4
APTICI E VIII	EFFECTIVE DATE:		O 10,85
Effective date, if	other than the date of filing:	. (OPTIONAL)	
	late is listed, the date must be specific and car		days prior or 90 business
	inserted in this block does not meet the applica ffective date on the Department of State's recon-		this date will not be listed as
ine document s e	nective date on the Department of State's fecon	us.	
	ned as registered agent to accept service of prod on familiar with and accept the appointment us		
	Wat Eld Don		8 24 2015
16300	Required Signature/Registered Agent		Date
I submit this doc	cument and affirm that the facts stated herein to Department of State constitutes a third degree for	are true. I am aware that the fal	se information submitted in a
Jan Hill	while the Mark Ball &	erong po prormongur un saul (d.)	6/17/2015
	ired Signature/Incorporator		Date