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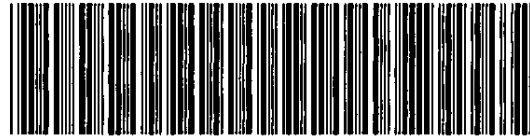
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T. SCOTT



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15 SEP -8 PM 3:06

## COVER LETTER

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

**SUBJECT:** Elite Everlasting Pool Service, 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:** Elite Everlasting Pool Service, Inc.  
\_\_\_\_\_  
Name (Printed or typed)  
  
2404 San Remo Circle  
\_\_\_\_\_  
Address  
  
Homestead, Florida 33035  
\_\_\_\_\_  
City, State & Zip  
  
(786) 318 7866  
\_\_\_\_\_  
Daytime Telephone number  
  
eliteeverlastingpools@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: Elite Everlasting Pool Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2404 San Remo Circle

PO BOX 972562

Homestead, Florida 33035

Miami, Florida 33197

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized for the purpose of transacting any and all business permitted by the laws of the United States and the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

15 SEP - 8 PM 3:09

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maycol A. Bravo / President

Name and Title: Belkis S. Zapata / Director

Address PO BOX 972562

Address: 2404 San Remo Circle

Miami, Florida 33197

Homestead, Florida, 33035

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Belkis S. Zapata  
Address: 2404 San Remo Circle  
Homestead, Florida 33035

**ARTICLE VII INCORPORATOR**

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

Name: Belkis S. Zapata  
Address: 2404 San Remo Circle  
Homestead, Florida

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

B. Zapata  
Required Signature/Registered Agent

9/3/15  
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.*

B. Zapata  
Required Signature/Incorporator

9/3/15  
Date