

PI SUWO 87222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

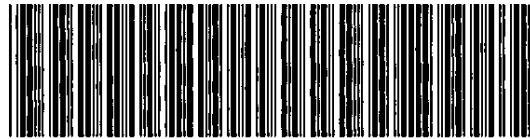
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OCT 23 2015

T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2015

ROMAN HOLLAND
3027 MEADOW ST
LYNN HAVEN, FL 32444

SUBJECT: SPLASH POOL CARE CORP.
Ref. Number: W15000063374

We have received your document for SPLASH POOL CARE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 215A00020097

COVER LETTER

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

SUBJECT: Splash Pool Care Corp.
(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: Roman Holland
Name (Printed or typed)

3027 Meadow St.
Address

Lynn Haven, FL 32444
City, State & Zip

850-253-9085
Daytime Telephone number

hollandroman@hotmail.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: Splash Pool Care Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3027 Meadow St.

Lynn Haven, FL 32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to work for profit in the
area of public pool maintenance. This will benefit
the public and provide exceptional customer service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roman Holland MGRM Name and Title: Elizabeth Thayer MGRM

Address: 3027 Meadow St. Address: 3027 Meadow St.
Lynn Haven, FL 32444 Lynn Haven, FL 32444

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 OCT 15 AM 11:29

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: Roman Holland
Address: 3027 Meadow St.
Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

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

Name: Elizabeth Thayer
Address: 3027 Meadow St.
Lynn Haven, FL 32444

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

Roman Holland 9/2/2015
Required Signature/Registered Agent 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.

Elizabeth Thayer 9-2-15
Required Signature/Incorporator Date