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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

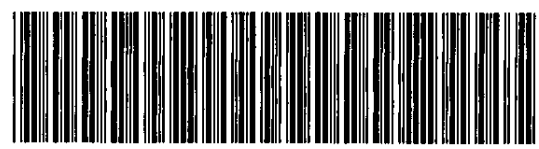
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 27 PM 2:51

APPROVED
AND
FILED

1/11

COVER LETTER

ORIGINAL

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

SUBJECT: MICHAEL A. SMITH II POOL SERVICES 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael A. Smith II
Name (Printed or typed)

5510 North Street
Address

Wimauma, FL 33598
City, State & Zip

813-892-6623
Daytime Telephone number

smithpoolservices@gmail.com
E-mail address: (to be used for future annual report notification)

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

APPROVED
AND
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Prof) **15 OCT 27 PM 2:51**

ARTICLE I NAME
The name of the corporation shall be: MICHAEL A. SMITH II POOL SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

5510 NORTH STREET
WIMAUMA, FL 33598

N/A

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Anthony Smith II PTSD Name and Title: N/A
Address: 5510 North Street Address: _____
Wimauma, FL 33598 Address: _____

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

APPROVAL
AND
FILED

15 OCT 27 PM 2:51

Name and Title: N/A
Address: _____

Name and Title: N/A
Address: SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Rolando J. Santiago Esq.
Address: 240 Apollo Beach Blvd
Apollo Beach, FL 33572

ARTICLE VII INCORPORATOR

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

Name: Rolando J. Santiago Esq
Address: 240 Apollo Beach Blvd
Apollo Beach, FL 33572

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

Required Signature/Registered Agent 10/23/15
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 10/23/15
Date