000026 or Corporations ; lcovt.cxc hvid

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H1600009671 3)))



H160000098713ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name	: FASTKIT CORP
Account Number	: I20100000009
Phone	: (305)599-0839
Fax Number	: (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION

SPLASH WATER POOL CARE CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 JAY 12 PH 4:27

1/12/2016 3:51 PM



16 JAN 12 PH 12: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

SPLASH WATER POOL CARE CORP.

The undersigned incorporator(s), for the purpose of forming a corporation under the General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The Name of the corporation shall be:

• • • • • • • •

SPLASH WATER POOL CARE CORP.

The principal place of business of this corporation shall be:

1290 PEREGRINE WAY WESTON, FL 33327

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

Aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is one hundred shares (100) at \$5.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

DIRECTOR/PRES/	LUIS F. LOPE2 1290 peregrine way Weston, FL 33327
DIRECTOR/SECRETARY	CLAUDIA L. ACEVEDO 1290 PEREGRINE WAY WESTON, FL 33327

ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is (are):

.

LUIS F. LOPEZ 1290 PEREGRINE WAY WESTON, FL 33327

.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed the Articles of Incorporation this 12TH day of January, 2016.

Signature of incorporator(s).

2



16 JAN 12 PH 12: 59

SECRETARY OF STATE TALLAHASSEE FLORIDA

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation:

SPLASH WATER POOL CARE CORP.

The name and address of the registered agent and office is:

LUIS F. LOP 1290 PEREGR WESTON, FL	RINE WAY	\sim)	1
SIGNATURE:	<u>x</u>	\square	Ш	
TITLE:	RESI	Der	r	<u>-</u>
DATE:	_ 1/12/	K		

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION

607.325 FLORIDA STATUTE SIGNATURE: DATE :