

P 16000013037

(Requestor's Name)

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(Address)

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16 JAN 27 PM 3:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

J 2/9/16

COVER LETTER

ATX1

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

SUBJECT: ORTEGA 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ELIZABETH D. CARAWAY

Name (Printed or typed)

4154 TORINO PL

Address

JACKSONVILLE, FL 32244-2323

City, State & Zip

004 684-4455

Daytime Telephone number

Lzcaraway@yahoo.com

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

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STATE
TALLAHASSEE
FLORIDA

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

ORTEGA POOL SERVICES INC

ATX1

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be: ORTEGA POOL SERVICES INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

4495-304 ROOSEVELT BLVD #242

SECRETARY OF STATE
Mailing address, if different is: ORTGA

JACKSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF

CONDUCTING TO THE EXTENT PERMITTED BY FLORIDA LAW OR TO CARRY ON IN ANY CAPACITY ANY BUSINESS

OR TRADE DEEMED LEGAL IN THE STATE OF FLORIDA.

f

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES COMMON PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELIZABETH D. CARAWAY, PRESIDENT/DIR Name and Title: _____

Address: 4154 TORINO PL

Address: _____

JACKSONVILLE, FL 32244-2323

Name and Title: HOWARD W. CARAWAY, VP/DIR

Name and Title: _____

Address: 4154 TORINO PL

Address: _____

JACKSONVILLE, FL 32244-2323.

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: ELIZABETH D. CARAWAY
Address: 4154 TORINO PL
JACKSONVILLE, FL 32244-2323

ARTICLE VII INCORPORATOR

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

Name: ELIZABETH D. CARAWAY
Address: 4154 TORINO PL
JACKSONVILLE, FL 32244-2323

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TALLAHASSEE, FLORIDA

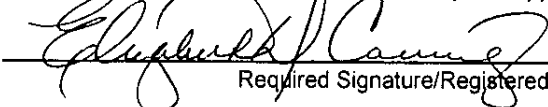
ARTICLE VIII EFFECTIVE DATE:

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.)

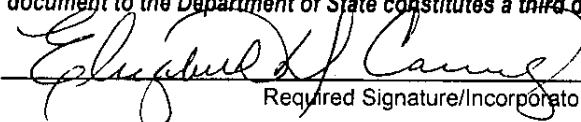
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

9/20/15
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

9/20/15
Date

Lzcaraway@yahoo.com