

P16000018349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

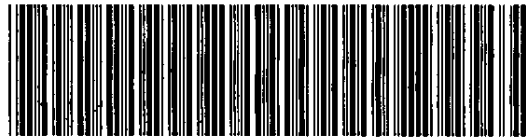
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/22/16--01029--008 **/0.00

EFFECTIVE DATE

2-20-16

FILED
2016 FEB 22 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 29 2016

T. BROWN

COVER LETTER

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

SUBJECT: GULF Coast Pools of Florida 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: Phil Ratidon
Name (Printed or typed)

6157 MIDNIGHT PASS RD C42
Address

SARASOTA Florida 34242
City, State & Zip

941-224-9129
Daytime Telephone number

~~GULF COAST POOLS INC~~
E-mail address: (to be used for future annual report notification)

~~GULF COAST POOLS INC~~ GULF COAST POOLS 1 e YAHOO.COM

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

EFFECTIVE DATE
2-20-16

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:

Gulf Coast Pools of Florida Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10157 MIDNIGHT PASS RD C42

PO BOX 20843

SARASOTA, FL 34242

SARASOTA, FL 34276

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Build + Remodel Pools

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Phil Raridon

Name and Title:

Pres

Address

10157 MIDNIGHT PASS RD
C42

Address:

SARASOTA, FL 34242

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
2016 FEB 22 PM 2:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Phil Raridon
Address: 6157 MIDNIGHT PASS RD.
SARASOTA FL. 34242

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Phil Raridon
Address: 6157 MIDNIGHT PASS RD.
SARASOTA FL. 34242

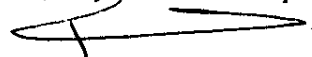
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/20/16 (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.)

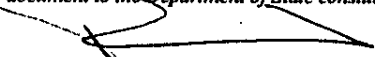
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

2/20/16
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

2/20/16
Date