

P16000019142

Florida Department of State
Division of Corporations
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To:

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

From:

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Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR - 1 AM 11:25

APPROVED
AND
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**FLORIDA PROFIT/NON PROFIT CORPORATION
POOL SHARKS, INC.**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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TH

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COVER LETTER

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

SUBJECT: POOL SHARKS, 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: PETER FREEDLAND

Name (Printed or typed)

304 INDIAN TRACE, #751

Address

WESTON, FL 33326

City, State & Zip

954-299-9225

Daytime Telephone number

PETERFREEDLAND@ATT.NET

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME
The name of the corporation shall be: POOL SHARKS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
304 INDIAN TRACE, #751

WESTON, FL 33326

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL MATTERS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PETER FRIEDLAND/PRESIDENT

Address: 2683 RIVIERA COURT

WESTON, FL 33332

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PETER FREEDLAND
Address: 2683 RIVIERA COURT
WESTON, FL 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PETER FREEDLAND
Address: 2683 RIVIERA COURT
WESTON, FL 33332

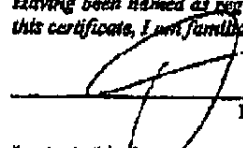
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2016 (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 on the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

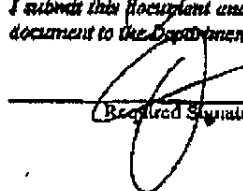


Required Signature/Registered Agent

03/01/2016

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

03/01/2016

Date

H1600052870