P16000021342

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only

WISOWY7608

MAR 08 2016

T. SCOTT



700274846367

07/10/15--01023--019 **60.00

09/01/15--01019--022 **78.75

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SEGRE FARY OF STATE

COVER LETTER

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

sed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
		e (Printed or typed)	
FROM:	Name	- (<i>-</i>	
	Name 20 N. 40th Ave	- (
	0 N. 40th Ave	Address	
152	0 N. 40th Ave		
152	20 N. 40th Ave		
	0 N. 40th Ave		

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2015

ROBERT FLORES WATERBOY POOL SERVICE 1520 N. 40TH AVE HOLLYWOOD, FL 33021

SUBJECT: WATERBOY POOL SERVICE, LLC

Ref. Number: W15000047608

We have received your document for WATERBOY POOL SERVICE, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 815A00019021

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

CLE II PRIN	<u>CIPAL OFFICE</u>	<i>y</i> '	
N. 40th Aug	Principal street address	1	Mailing address, if different is:
N. 40th Ave wood, Florida 33	021		
wood, Florida 33			
ICLE III PURP ourpose for which	OSE the corporation is organized is:	radeing from an LLC, in o	rder to establish a more secure enterp
eperate personal v	entures and expenses from business v	entures and expenses. To	also benefit the organization as a who
			
ICLE IV SHAR	RES 2 f stock is:		
ICLE IV SHAR number of shares o	RES 2 f stock is:	·	
ICLE IV SHAR number of shares o	RES f stock is: 2 AL OFFICERS AND/OR DIRECTO	<u>RS</u>	
number of shares o	AL OFFICERS AND/OR DIRECTO Pobert Flores President		Janette Flores, Vice President
number of shares o	AL OFFICERS AND/OR DIRECTO Pobert Flores President	Name and Title:	Janette Flores, Vice President 1520 N 40th Ave
number of shares o ICLE V INITL Name and Titl	f stock is:	Name and Title: Address:	
number of shares o ICLE V INITL Name and Titl	f stock is:	Name and Title: Address:	1520 N 40th Ave
number of shares o ICLE V INITL Name and Titl	f stock is:	Name and Title: Address:	1520 N 40th Ave
number of shares o ICLE V INITL Name and Titl Address	f stock is:	Name and Title: Address:	1520 N 40th Ave Hollywood Florida 33021
number of shares o ICLE V INITL Name and Titl Address	AL OFFICERS AND/OR DIRECTO e: Robert Flores, President 1520 N 40th Ave Hollywood Florida 33021	Name and Title: Address: Name and Title:	1520 N 40th Ave Hollywood Florida 33021
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTO e: Robert Flores, President 1520 N 40th Ave Hollywood Florida 33021	Name and Title: Address: Name and Title: Address:	1520 N 40th Ave Hollywood Florida 33021
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Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTO e: Robert Flores, President 1520 N 40th Ave Hollywood Florida 33021	Name and Title: Address: Name and Title: Address: Address:	Hollywood Florida 33021 16 TEB 23 AM 15 SEPTEMBER 15 SEP
Name and Title Name and Title Address	AL OFFICERS AND/OR DIRECTO e: Robert Flores, President 1520 N 40th Ave Hollywood Florida 33021	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	1520 N 40th Ave Hollywood Florida 33021 16 FEB 10 N SCHOOL NAME TO BE T

Name	and Title:	Name and Title:
Addre	ess	Address:
	REGISTERED AGENT	
The <u>name and</u>	Florida street address (P.O. Box NOT acceptab	ble) of the registered agent is:
Name:	Robert Flores	<u></u>
Address: _	1520 N 40th Ave	
	Hollywood Florida 33021	
<u> ARTICLE VII</u>	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
	Robert Flores	
Name: Address:	1520 N. 40th Ave	
	Hollywood Florida 33021	
		
	EFFECTIVE DATE:	(OPTIONAL)
(If an effective	if other than the date of filing: date is listed, the date must be specific and ca	eannot be more than five business days prior or 90 busin
days after the	filing.)	
		cable statutory filing requirements, this date will not be liste
ne aocument s	effective date on the Department of State's recon	ords.
	anned as periodered accept to accept accept a	rocess for the above stated corporation at the place designa
Having been n	imeu as registerea agent to accept service of pro I am familiar with and accept the appointment a	as registered agent and agree to act in this capacity
Having been n	I am familiar with and accept the appointment a	()) -1
Having been n	I am familiar with and accept the appointment a	()) -1
Having been no this certificate,	Required Signature/Registered Agent	8-22-1 Date
Having been no this certificate, .	Required Signature/Registered Agent	t Date n are true. I am aware that the false information submitte.