

P160000068891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

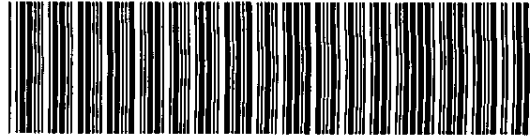
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

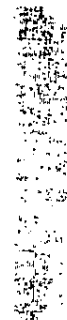
Special Instructions to Filing Officer:

Office Use Only



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FILED

COVER LETTER

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

SUBJECT: Moose's Certified Pool Care ~~Moose~~ 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Roger Allen Moose
Name (Printed or typed)

1877 CR 654
Address

Bushnell FL 33513
City, State & Zip

352-457-7374
Daytime Telephone number

rmoose11187@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

ROGER ALLEN MOOSE
1877 CR 654
BUSHNELL, FL 33513

SUBJECT: MOOSE'S CERTIFIED POOL CARE INC.
Ref. Number: W16000054143

We have received your document for MOOSE'S CERTIFIED POOL CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 616A00016473

RI
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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:

Moose's Certified Pool Care Corp. INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1877 CR 654
Bushnell Florida 33513

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning and maintaining

Pools

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roger Allen Moose ^{President}

Address: 1877 CR 654
Bushnell FI
33513

Name and Title: Roger Allen Moose ^{Vice President}

Address: 1877 CR 654
Bushnell FI
33513

Name and Title: Roger Allen Moose ^{Secretary}

Address: 1877 CR 654
Bushnell FI
33513

Name and Title: Roger Allen Moose ^{Treasurer}

Address: 1877 CR 654
Bushnell FI
33513

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: Roger Allen Moose

Address: 1877 CR 654

Bushnell FL 33513

ARTICLE VII INCORPORATOR

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

Name: Roger Allen Moose

Address: 1877 CR 654

Bushnell FL 33513

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7-18-16 (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

Roger A. Moose
Required Signature/Registered Agent

7-22-16
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.

Roger A. Moose
Required Signature/Incorporator

7-22-16
Date