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(Business Entity Name)

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2016 NOV - 8 AM 8:41
TALLAHASSEE, FLORIDA

V HERRING
NOV 15 2016

COVER LETTER

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

SUBJECT: Oceanus Pools, 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: Susan Larsen
Name (Printed or typed)

1812 Tom A Toe Road
Address

Boynton Beach, FL 33426
City, State & Zip

561-310-0515
Daytime Telephone number

sslarsen@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

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: Oceanus Pools, Inc 2016 NOV - 8 AM 8:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: STATE
FLORIDA

1800 Tom A Toe Rd
Boynton Beach, FL 33426

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a business
of servicing swimming pools and any
and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Jaylan Henson, Director</u>	Name and Title:	<u>Jason A. Blair, Dir, VP</u>
Address	<u>1800 Tom A Toe Rd.</u>	Address:	<u>1800 Tom A Toe Rd</u>
	<u>Boynton Beach, FL 33426</u>		<u>Boynton Beach, FL 33426</u>

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2016 NOV -8 AM 8:41
STATE
ILLINOIS FLORIDA
SS

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: Susan Larsen
Address: 1812 Tom A Toe Rd.
Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

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

Name: Susan Larsen
Address: 1812 Tom A Toe Rd.
Boynton Beach, FL 33426

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

Susan S L 10/31/16
Required Signature/Registered Agent 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.

Susan S L 10/31/16
Required Signature/Incorporator Date