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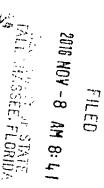
(Requestor's Name)
(Address)
(1 333)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Operating the family officer.

Office Use Only



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V HERRING NOV 15 2016

COVER LETTER

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

SUBJECT:	Deeanus Poo (PROPOSED CORPORA	ols, Inc.	
	(PROPOSED CORPORA	TË NÄME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	•
		ADDITIONAL CO	PY REQUIRED
FROM:	Susan L		
	1812 Tom	A Toe Roa Address	<u>d</u>
 -	Boynton Bea City,	State & Zip	3426
	561 - 310 - C Daytime T	elephone number	
	Sslarsen@b E-mail address: (to be used	ellsouth, ned for future annual report	t 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)

ARTICLE I NAME	,) ,	FILED
The name of the corporat	ion shall be: Oceanus t	ools, I	0 - 2016 NOV - 8 AM 8: 41
ARTICLE II PRINC	IPAL OFFICE		. 19 M
	Principal street address	1	Mailing address; if different is: STATE
1800 Tom	A Toe Rd		1254
Doynton I	beach, FL 33426		
ARTICLE III PURPO The purpose for which the	SE ne corporation is organized is: +o C	perate	a business
of 50	ervicing Swimmi	ng Dools	and any
and a	1 1 07 1		
and c	200 200 200 200 200 200 200 200 200 200		
	11.		
		·	
ARTICLE IV SHARE	ES - a		
The number of shares of	stock is: 30		
*	LOFFICERS AND/OR DIRECTORS	to	T- 121. 7:- 10
	_		: Jason A. Blair, Dir, UP
Address	1800 Tom A Toe Rd.	_ Address:	1800 Tom A Toe Rd
-	Boynton Beach FL3	3426	Bounton Beach FL 33421
	,		,
		_	
Name and Title:		Name and Title	:
Address		Address:	
Address		_ Address.	
		-	
		-	
Name and Title:		Name and Title	
Address		_ Address:	
		-	·

· · · · · · · · · · · · · · · · · · ·		FILED
Name and Title:	Name and Title:	2016 NOV -8 AM 8: 41
Address	Address:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		WELL HUSSEF FLORIDA
		72
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a	accentable) of the registered agent	is:
	iocepiacie) of the registered agent	
Name: Susan Larsen		
Address: 18/2 10m H	Toe Rd. FL 33426	
Boynton Beach	, FL 33426	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Susan Larsen		
10/2 4 7	To Rd	
Address: 1812 10m m 1	C1-33426	
Dagnton Deach, 1	1 73426	
ARTICLE VIII EFFECTIVE DATE:		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specifi		IONAL)
days after the filing.)	c and cannot be more than five	Dusiness days prior of 30 business
Note: If the date inserted in this block does not meet the document's effective date on the Department of State		irements, this date will not be listed as
Having been named as registered agent to accept servi this certificate, I am familiar with and accept the appoi	ce of process for the above state ntment as registered agent and a	d corporation at the place designated in gree to act in this capacity
Susan S.L		10/31/11
Required Signature/Registere	ed Agent	10/31/16 Date
I submit this document and affirm that the facts state.	d herein are true. I am aware th	nat the false information submitted in a
document to the Department of State constitutes a third		s.817.155, F.S.
Seeson SF		10/31/16
Required Signature/Incorporator		Date