

P17000022585

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FILED

17 MAR 13 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-017186

03/14/17

**3/7/2017**

**I, Suzanne Hurd, President of Balanced Pool Care, Inc. have no intention of reinstating, therefor, releasing the name for use to another entity.**

A handwritten signature in black ink, appearing to read "Suzanne L. Hurd". The signature is stylized with a large, looped "S" and "H".

**Suzanne L. Hurd**

Ref. W17000017186

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17 MAR 13 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2017

SUZANNE THOMASON  
221 MEADOW VUE LN.  
AUBURNDALE, FL 33823

SUBJECT: BALANCED POOL CARE, INC  
Ref. Number: W17000017186

FILED  
17 MAR 13 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BALANCED POOL CARE, INC and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P15000014622.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 217A00003848

RECEIVED  
17 MAR 13  
INFORMATION

## COVER LETTER

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

**SUBJECT:** BALANCED POOL CARE, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** SUZANNE LOUISE THOMASON

Name (Printed or typed)

221 MEADOW VUE LANE

Address

AUBURNDALE, FLORIDA 33823

City, State & Zip

863-594-7665

Daytime Telephone number

BALANCEDPOOLCARE@OUTLOOK.COM

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)

**ARTICLE I NAME**

The name of the corporation shall be: BALANCED POOL CARE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
221 MEADOW VUE LANE  
AUBURNDALE, FLORIDA 33823

Mailing address, if different is:  
PO BOX 2000  
AUBURNDALE, FLORIDA 33823

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: "Professional Corporation"

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TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SUZANNE L. THOMASON Name and Title: \_\_\_\_\_

Address 221 MEADOW VUE LANE Address: \_\_\_\_\_  
AUBURNDALE, FLORIDA 33823

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: SUZANNE L. THOMASON

Address: 221 MEADOW VUE LANE

AUBURNDALE, FLORIDA 33823

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: SUZANNE L. THOMASON

Address: 221 MEADOW VUE LANE

AUBURNDALE, FLORIDA 33823

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3/1/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Sthomason  
Required Signature/Registered Agent

2/23/2017  
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.*

Sthomason  
Required Signature/Incorporator

2/23/2017  
Date