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Certified Copies	_ Certificates	i of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

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

Kevin Blake Pools and Spa, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 **Filing Fee** 

Filing Fee & Certificate of Status

**\$78.75** 

<b>\$</b> 78.75	\$87.50 Filing Fee,
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	OPY REQUIRED

Kevin BlakE Name (Printed or typed) FROM: \_\_\_\_

1210 HARBOR DRIVE

POMPARO BEACH, Florida 33062 City. State & Zip

<u>954-540-1290</u> Daytime Telephone number

<u>Blake pools</u> @ 9MAil.COM E-mail address: (to be used for future annual report notification)

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

	Profit (Profit) 17 and/or Chapter 621, F.S. (Profit)	)
ARTICLE I NAME The name of the corporation shall be: Kevin I	Blake Pools a	nd Spa, Inc
ARTICLE II PRINCIPAL OFFICE Principal street address 1210 HARBOR DRIVE		dress, if different is:
Pomparo BEACH, Florio 33062		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	Any and all Business	Jawful
		······
		17 OC
ARTICLE IV_SHARES   The number of shares of stock is:   1000   ARTICLE V_INITIAL OFFICERS AND/OR DIRECTOR.	S President	
Name and Title: <u>Kel IN BAK C</u> Address <u>210 Hav Bor DRIVE</u>	Name and Title:      Address:	
POMPAN BEACH, 3300	62	
Name and Title:	Name and Title:	
Address		
Name and Title:	Name and Title:	
Address		

ARTICLES OF INCORPORATION

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Name and Title:			Name and Title	::	 . <u> </u>
Address			Address:		 <u> </u>
			_	<u></u>	 
TIE VI BECISTEDE	CENT				
<u>CLE VI REGISTERE</u> me and Florida street a	ess (P.O. Box N	NOT acceptable)	of the registered ag	ent is:	
me and Florida street a	ess (P.O. Box N	NOT acceptable) Ke	of the registered ag	ent is:	
me and Florida street a	ess (P.O. Box N	NOT acceptable) KC 0./ XQ	of the registered ag $\frac{1}{2}E$ $\frac{1}{3}306 \ge$	ent is:	

Name: <u>Kevin BlakE</u> Address: <u>1210 HARBOR DRIVE</u> <u>POMPANO BARH, FT 33062</u>

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 days prior or 90 days after the filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not  $b^{1/2}$  ted 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 an approximate the appointment as registered agent and agree to act in this capacity

Date

Required Signature/Registered Agent

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.

Required Signature/Incorporator