

02/08/2018

052 014

LAZARUS CORPORATE

AGE 01/03

P18000013054

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000047213 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
FEB 06 2018
TALLAHASSEE, FLORIDA

18 FEB -6 PM 3:00

LED

FLORIDA PROFIT/NON PROFIT CORPORATION
HOT LAND POOLS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS
FEB 09 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H18000047213

ARTICLE I NAME: The name of the corporation is:

Hot Land Pools Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

15014 SW 304 TERRAHomestead FL 33033

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Dianelis Penas Alvarez (P)Adali Araujo (VP)

FILED
18 FEB -6 PM 3:00
HALL COUNTY, FLORIDA

18 FEB -6 PM 3:00

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dianelis Penas Alvarez15014 SW 304 TerraceHomestead FL 33033

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

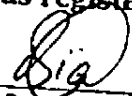
Dianelis Penas Alvarez15014 SW 304 TerraceHomestead FL 33033

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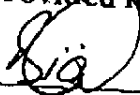
Required Signatures:

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



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.



Incorporator_____
DateRECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 FEB -6 PM 3:00

1.ED

H18000047213