

P18000078533

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(City/State/Zip/Phone #)

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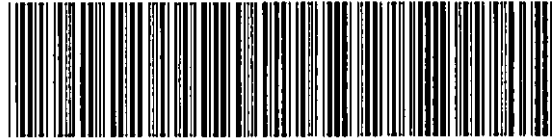
(Business Entity Name)

(Document Number)

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FILED
2018 AUG 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 19 2018

11:30 AM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2018

EDWARD MICHAEL LACHANCE
212 NW 48TH COURT
POMPANO BEACH, FL 33064

SUBJECT: POOL-X-PERTS, INC.
Ref. Number: W18000059039

We have received your document for POOL-X-PERTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00013226



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COVER LETTER

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

SUBJECT: POOL-X-PERTS, 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: EDWARD MICHAEL LACHANCE
Name (Printed or typed)

212 NW 48TH COURT
Address

POMPADOUR BEACH, FL. 33064
City, State & Zip

754-235-9226
Daytime Telephone number

LACHANCEM@YMAIL.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: POOL-X-PERTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

212 NW 48TH COURT

P.O. BOX 4101

POMPANO BEACH, FL

DEERFIELD BEACH, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A POOL & SPA SERVING COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD MICHAEL LACHANCE / PRESIDENT Name and Title: _____

Address: 212 NW 48TH COURT Address: _____

POMPANO BEACH, FL
33064

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2011 AUG 16 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Label

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: EDWARD MICHAEL LACHANCE
Address: 212 NW 48 CT.
POMPANO BEACH, FLA 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EDWARD MICHAEL LACHANCE
Address: 212 NW 48TH COURT
POMPANO BEACH, FLA
33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 1/2018 (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

Edward Michael Lachance
Required Signature/Registered Agent

July 20/2018
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 § 817.155, F.S.

Edward Michael Lachance
Required Signature/Incorporator

June 18/2018
Date