

P19000001031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

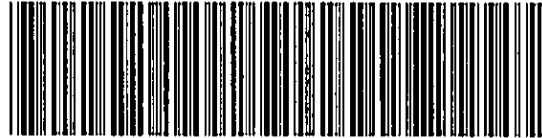
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/02/19--01036--002 **78.75

FILED
2019 JAN -2 AM 10:29
TAMM COUNTY, ALA

JAN 07 2019

K Brumbley

COVER LETTER

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

SUBJECT: Premium Pool Specialists, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dustin Spearman

Name (Printed or typed)

11137 Hannaway Drive

Address

Riverview, FL 33578

City, State & Zip

813-455-7714

Daytime Telephone number

tspearman@famis.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

Premium Pool Specialists, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11137 Hannaway Drive

Riverview, Fl 33578

ARTICLE III PURPOSE

Engage in any lawful activity allowed by the State of Florida
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dustin Spearman, President

Name and Title: _____

Address 11137 Hannaway Drive

Address: _____

Riverview, Fl 33578

Name and Title: Tracey Spearman, Secretary

Name and Title: _____

Address 11137 Hannaway Drive

Address: _____

Riverview, Fl 33578

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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: Dustin Spearman

Address: 11137 Hannaway Drive

Riverview, FL 33578

ARTICLE VII INCORPORATOR

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

Name: Dustin Spearman

Address: 11137 Hannaway Drive

Riverview, FL 33578

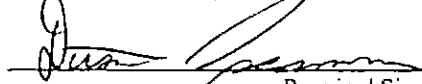
ARTICLE VIII EFFECTIVE DATE:

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.)

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


Required Signature/Registered Agent

12/14/18
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.


Required Signature/Incorporator

12/14/18
Date