

P1900005323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

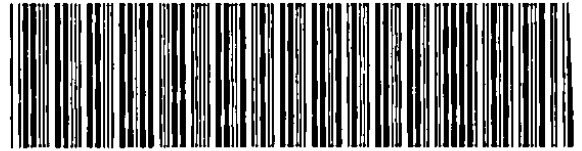
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Office Use Only

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2019 JUL -3 AM 7:45  
FALLAPASSIVE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2019

JOHN WETZEL  
102 N HIGHWAY 27  
MINNEOLA, FL 34715

SUBJECT: NATIVE POOL CO.  
Ref. Number: W19000059905

We have received your document for NATIVE POOL CO. 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P00000053248-NATIVE POOLS, INC,

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: 619A00012954

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Native Pool CONSTRUCTION Co*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
~~NATIVE POOL COMPANY~~

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: \_\_\_\_\_

*John Wetzel*

Name (Printed or typed)

*102 N. HIGHWAY 21*

Address

*Nunneka FL 34715*

City, State & Zip

*352-394-2075*

Daytime Telephone number

*JOHN WETZEL @ LIVE.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:

NATIVE POOL CONSTRUCTION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

102 N. HIGHWAY 27  
Minneola, FL 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

JOAN WETZEL

Name and Title:

PRESIDENT

Address

102 N. HIGHWAY 27  
Minneola, FL.  
34715

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2018 JUL -3 AM 7:46  
F.L. 607.0311

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

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOHN WETZEL  
Address: 102 N. HIGHWAY 27  
Minneola, FL 34715

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOHN WETZEL  
Address: 102 N. HIGHWAY 27  
Minneola, FL 34715

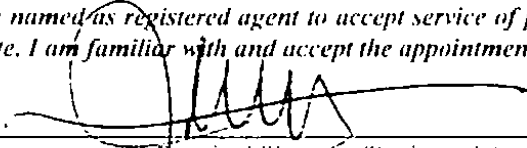
**ARTICLE VIII EFFECTIVE DATE:**

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 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 designate, this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

6/10/19  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted, document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

6/10/19  
Date