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Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
APLHA & OMEGA POOL & SPA SERVICE CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2019 JUL 31 PM 5:00

19 JUL 31 PM 8:46

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COVER LETTER

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

19 JUL 31 11 46 AM '19

SUBJECT: ALPHA & OMEGA POOL & SPA SERVICES CORP
(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: JACQUELINE JAIME
Name (Printed or typed)
4167 NW 135TH ST
Address
OPA LOCKA FL 33054
City, State & Zip
786-234-5250
Daytime Telephone number
dannym030173@gmail.com
E-mail address: (to be used for future annual report notification)

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

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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: ALPHA & OMEGA POOL & SPA SERVICES CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

4167 NW 135TH ST

OPA LOCKA FLORIDA 33054

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
POOL SERVICES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JACQUELINE JAIME - PRESIDENT	Name and Title:	
Address	4167 NW 135TH ST	Address:	
	OPA LOCKA FLORIDA 33054		

Name and Title:	DANNY MIRANDA - DRIVER	Name and Title:	
Address	4167 NW 135TH ST	Address:	
	OPA LOCKA FLORIDA 33054		

Name and Title:		Name and Title:	
Address		Address:	

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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: JACQUELINE JAIME
Address: 4167 NW 135TH ST
OPA LOCKA FLORIDA 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JACQUELINE JAIME
Address: 4167 NW 135TH ST
OPA LOCKA FLORIDA 33054

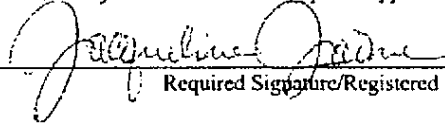
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/26/2019 (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

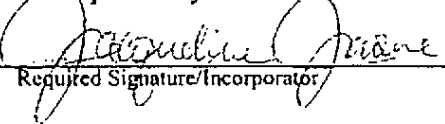


Required Signature/Registered Agent

07/26/2019

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

07/26/2019

Date

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