

P190000084140

(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)

Certified Copies _____

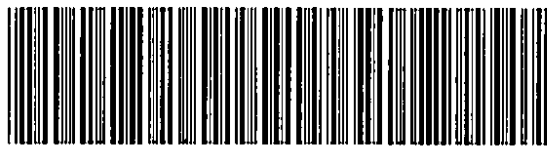
Certificates of Status _____

Special Instructions to Filing Officer:

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W19-93452

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2019

MARCIO H SOUZA
16632 WINGSPREAD LOOP
WINTERGARDEN, FL 34787

SUBJECT: WET SPLASH POOL SERVICE, INC.
Ref. Number: W19000093452

We have received your document for WET SPLASH POOL SERVICE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return 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.

Keyna E Page
Regulatory Specialist II

Letter Number: 619A00021734

DOCUMENT FIXED
AND SENDING BACK.

4244117, 112

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: WET SPLASH POOL SERVICE, INC.
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

MARCIO H SOUZA
Contact Person

WET SPLASH POOL SERVICE
Firm/Company

16632 WINGSPREAD LOOP
Address

WINTER GARDEN FL 34787
City, State and Zip Code

WWW.WETSPLASH@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIO SOUZA at (407) 401-5936
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$105.00 Filing Fees ☐ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☒ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

WET SPLASH POOL SERVICE LLC (L12-3688)

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA, U.S.A.
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/09/2012
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Florida, U.S.A.

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

WET SPLASH POOL SERVICE, INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 08/21/2019
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

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Signed this 21st day of August, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: X

Printed Name: MARCIO SOUZA Title: MGM R

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: X

Printed Name: MARCIO SOUZA Title: MGM R

Signature: [Signature] Title: MGM R.

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: WET SPLASH POOL SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal street address:

16632 WINGSPREAD LOOP
WINTER GARDEN, FL 34787

Mailing address, if different is:

P.O. Box 2532
WINDERMERE, FL 34786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Proper Entity Structure for future
Share Holder buy in's.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARCIO H SOUZA /MGMR Name and Title: _____

Address: 16632 WINGSPREAD LOOP Address: _____
WINTER GARDEN, FL 34787

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: MARCIO H SOUZA

Address: 16632 WingSpread Loop
Winter Garden, FL 34787

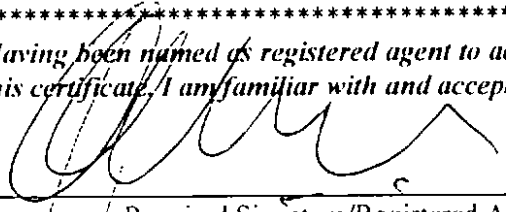
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARCIO H SOUZA

Address: 16632 WingSpread Loop
Winter Garden, FL 34787

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

X 10-1-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

X 10-1-2019
Date

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