Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	-	o will generate another cover sheet.	
To:			
	Division of Co	rporations	
	Fax Number	: (859)617-6381	
From:		·	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20000000019	
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	

FLORIDA PROFIT/NON PROFIT CORPORATION MR. SPARKLE POOLS CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

•	ARTICLE II PRI	NCIPAL OFFICE:	
The p	orincipal street addre	ss and mailing addres	s is:
	lo sw	125 cT	
mi	ami FI	1, 3317	5
			.'
TICLE III SHA	ARES: The number o	of shares of stock is:	105
ARTICLE IV		ECTORS AND/OR (OFFICERS:
Osni	e/ Mira	Inda Bar	-rios (8)
			
·			
			
			
DITCLE A INI	TITAL DECICTEDE	D ACENT AND OT	DEET AINDRESS.
		D AGENT AND STI	
e name and Florida	street address (PO Bo	ox not acceptable) of the	ne regist∈red agent i
e name and Florida :	street address (PO Bo Miranda	ox not acceptable) of the	ne regist∈red agent i
e name and Florida : OGNi el 1520 :	street address (PO Bo Miranda Sw 125	ox not acceptable) of the Barrios	ne regist∈red agent i
e name and Florida :	street address (PO Bo Miranda Sw 125	ox not acceptable) of the	ne regist∈red agent i
e name and Florida : Solida : 1520 : Mig	street address (PO Bo Miranda Sw 125 mi Fl	ox not acceptable) of the Barrios C+ 33175	ne registered agent i
e name and Florida : OSNi el 1520 : Mi q	street address (PO Bo Miranda Sw 125 m) F1 corporator: Th	ox not acceptable) of the Barrios	ne registered agent is

Required Signatures:

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

Registered Agent

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.