

P21000095565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

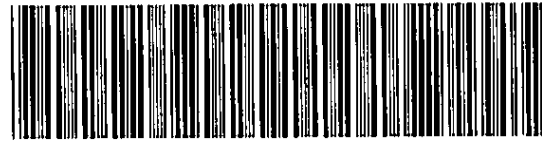
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TALLAHASSEE, FL

W21000139367

C

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: Varela's Pools & Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
809 NE 27th St
Belle Glade, FL 33438

Mailing address, if different is:
same as listed

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool & Spa Construction
and renovations.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alvaro Varela / President Name and Title: _____

Address: 809 NE 27th St Address: _____
Belle Glade, FL 33430

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY
TALLAHASSEE

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: Alvaro Varela

Address: 809 NE 27th St
Belle Glade, FL 33430

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alvaro Varela

Address: 809 NE 27th St
Belle Glade, FL 33430

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

Alvaro Varela
Required Signature/Registered Agent

11/1/2021
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.

Alvaro Varela
Required Signature/Incorporator

Date

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SECRETARY OF STATE
FLORIDA