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Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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**FLORIDA PROFIT/NON PROFIT CORPORATION
2JV POOL CLEANING SERVICES CORP**

| | |
|-----------------------|---------|
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: 2JV POOL CLEANING SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1677 SARNO RDMELBOURNE, FL 32935**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADRIAN ESCALONA ROJAS (P)

Name and Title: _____

Address 1677 SARNO RD

Address: _____

MELBOURNE, FL 32935

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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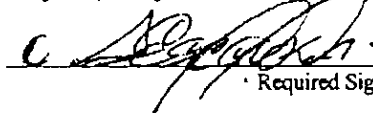
Name and Title: _____ Name and Title: _____

• Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ADRIAN ESCALONA ROJASAddress: 1677 SARNO RDMELBOURNE, FL 32935**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ADRIAN ESCALONA ROJASAddress: 1677 SARNO RDMELBOURNE, FL 32935**ARTICLE VIII EFFECTIVE DATE:**

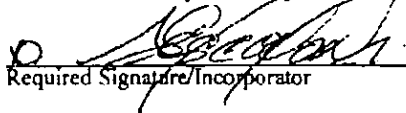
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(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

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

Date _____

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