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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEADER ASSOCIATES LLC
Account Number : I20180000056
Phone : (954)998-3963
Fax Number : (954)597-0359

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@mastertouchpools.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Master Touch Outdoor Living Inc

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2023 AUG 29 AM 9:55
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TALLAHASSEE, FL

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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: **MASTER TOUCH OUTDOOR LIVING INC**

ARTICLE II – ADDRESS

The Principal street address of the Corporation shall be:

11870 WILES ROAD

CORAL SPRINGS, FL 33076

The Mailing address of the Corporation shall be:

SAME AS PRINCIPAL

ARTICLE III – PURPOSE

The purpose for which the corporation is organized is **any and all lawful business.**

ARTICLE IV – SHARES

The number of shares of stock is: **1,000**

ARTICLE V – INITIAL OFFICERS AND/OR DIRECTORS

Name: **NILSON SILVA**

Title: **PRES**

Address: **8640 W PARKLAND BAY TRL**

PARKLAND, FL 33076

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ARTICLE VI – REGISTERED AGENT

The name and Florida street address (PO BOX not acceptable) of the Registered Agent is:

Name: **NILSON SILVA**

Address: **11870 WILES ROAD**

CORAL SPRINGS, FL 33076

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Name: **NILSON SILVA**

Address: **11870 WILES ROAD**

CORAL SPRINGS, FL 33076

ARTICLE VIII – EFFECTIVE DATE

Effective date shall be the **filling date.**

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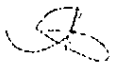
REGISTERED AGENT AFFIDAVIT

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.



08/28/2023

NILSON SILVA - Registered Agent

Date

INCORPORATOR AFFIDAVIT

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.

08/28/2023

NILSON SILVA - Incorporator

Date

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