

To:

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From: Yanet Avila

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

KATIE THE POOL LADY, INC

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

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TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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:

KATIE THE POOL LADY, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11631 NW 21ST STREET

PEMBROKE PINES, FL 33026

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES PAR VALUE @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATIE J. MCKISSICK, PD

Name and Title:

Address 11631 NW 21ST STREET

Address:

PEMBROKE PINES, FL 33026

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:

By _____
(Name: KATIE J. MCKISSICK
Address: 11631 NW 21ST STREET
City: _____
State: _____
Zip: _____
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATIE J. MCKISSICK
Address: 11631 NW 21ST STREET
Pembroke Pines, FL 33026

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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

Required Signature/Registered Agent
10/14/2024
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
10/14/2024
Date

By _____
To _____