

P95000030158

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

500001456215  
-04/14/95--01007--007  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Tropical Pools & Spas Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

95 APR 13 PM 3:25

FROM:

Adam Alstott  
Name (printed or typed)

6032 Shenandoah Way  
Address

Orlando, FL 32807  
City, State & Zip

407-249-2660  
Daytime Telephone number

506

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

Tropical Pools and Spas Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6032 Shenandoah Way Orlando, FL 32807

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500 at \$1.00 per stock

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ADAM ALSTOTT  
6032 Shenandoah Way  
Orlando, FL 32807

FILED  
SECRETARY OF STATE  
95 APR 13 PM 3:25

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Adam ALSTOTT  
6032 Shenandoah Way  
Orlando, FL 32807

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11 day of April, 19 95.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Tropical Pools and Spas Inc

2. The name and address of the registered agent and office is:

Adam Alstott  
(Name)

6032 Shenandoah Way  
(P.O. Box not acceptable)

Orlando, FL 32807  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Signature)

4-8-95  
(Date)

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