

P95000064187

TRANSMITTAL LETTER

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

FILED
30 AUG 18 PM 1:10
TALLAHASSEE, FL
SECRETARY OF STATE

SUBJECT: Panther Pools
Panther Pools and Patio INC
(Proposed corporate name - must include suffix)

300001568063
-08/24/95--01011--019
*****78.75 *****78.75

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

Additional Copy Required

FROM: Panther Pools and Patio, Inc.
Name (printed or typed)

5718 NE 16 Avenue
Address

Fort Lauderdale, FL 33331
City, State & Zip

(305) 771-0856
Daytime Telephone number

Kenneth GAVE
AUTHORIZATION BY PHONE TO
CORRECT RA design + inc. address
DATE 8/21
DOJ. EXAM Stala

5/21

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:

Parther Pools and Patic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5718 NE 16th Avenue
Fort Lauderdale, FL 33334

ARTICLE III SHARES

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

one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Kenneth L Mac Donald
5718 NE 16th Avenue
Fort Lauderdale FL 33334

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)


See instructions for officers/directors

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

Kenneth L. Mac Donald
President, Vice President, Treasurer, Secretary
5718 NE 16 Avenue
Ft. Lauderdale, FL 33334

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

13 day of August, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

Parther Pools and Patis, Inc.

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


Kenneth L. MacDonald
(NAME)

5718 NE 16 Avenue

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Tort Lauderdale, FL 33334
(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)

8-13-76
(DATE)

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STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Pool & Pat. Ken MacDonell EIN or SS#: 265-31-2824

Address: 611 NE 56 ST
FT Lauderdale FL 33334

Amount: \$233.75 Date Paid 7-30-96

Reason for claim: P95000064187 duplicate filing
OL IN AL

Certified true and correct this 30 day of Aug, 19 96.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 233.75.

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. 97490605 dated 7-30-96.

Name of Account _____
45202130001453000000000010000

Statutory Authority for Collection 1007

It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 ____.

Department of State, Division of Corporations
(Agency)

(Authorized Signature and Title)