# P96000055628

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

SUBJECT: (Proposed Corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee, Certified Copy & Certificate Filing Foo Filing Fee Filing Fee & Certificate & Certified Copy **Additional Copy Required** FROM: Name (printed or typed) anninn. ONI City, State & Zip JUN 28 Daytime Telephone number <u>-P</u> 3։ կշ

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

nc 1/1/96

## 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.

The name of the corporation shall be:			
Heritage Pools INC		96 ,	
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  360 TAMMAM, Thail  Port Charlotte, F1 33953	HASSEE FLORDA	JUH 28 TH 3:42	FILED
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ARTICLE III SHARES

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

100 Slane

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Michael P. Monnt 360 Taminmi Tahil Pont Chanlotte FL 33955

#### ARTICLE V 'INCÔRPORATOR(S)

See instructions for officers/directors

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

John T. CASH 13197 Donn L NVC Port Chanlotto Fl 33953

Michael. P. Monat 13650 N.W. 9014 AUE Reddick. Fl 32686

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

26 day of June, 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

### Notarization is not required

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: HEKITAGE Pools INC.		_
2.	The name and address of the registered agent and office is:		-
	Milhel Mount	96 JUN	·•
	360 Inminmi Knil (P.O. Box of Mail Drop Box NOT ACCEPTABLE)	IN 28 PH	JETIE.
	Pont Charlotte . FL 3395	H 3: 42	J

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.

Muls & Mon 6/26/96 (SIGNATURE) (DATE)