

*9700000826*

TRANSMITTAL LETTER

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

000002036300--8  
-12/24/96--01024--015  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: GROVES INC.  
(Proposed corporate name - must include suffix)

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

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate	<input type="checkbox"/> \$122.50 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$131.25 Filing Fee, Certified Copy & Certificate Additional Copy Required
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
97 JAN -6 AM 9:58  
**FILED**

FROM: J L GROVES  
Name (printed or typed)

1161 TWIN OAK CT  
Address

MARCO ISLAND, FL 34145  
City, State & Zip

941) 642-9372  
Daytime Telephone number

*1/6/97*

*NA-502*

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 30, 1996

J L GROVES  
1161 TWIN OAK COURT  
MARCO ISLAND, FL 34145

SUBJECT: GROVES INC.  
Ref. Number: W96000027158

We have received your document for GROVES INC. and check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 796A00057616

**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:

GROVES SWIMMING POOL SERVICE, INC. ↙

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

1161 TWIN OAK CT  
MARCO ISLAND, FL 34145

**ARTICLE III SHARES**

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

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

JAMES L. GROVES  
1161 TWIN OAK CT.  
MARCO ISLAND, FL 34145



**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):

JACQUELINE M. GROVES  
1161 Ewin Oak Ct  
Marco Island, FL 34145

JAMES L. GROVES  
1161 TWIN OAK CT  
MARCO ISLAND, FL 34145

R. BRYAN GROVES  
1385 MAINSAIL DR. UNIT 1811  
NAPLES, FL 33961

**ARTICLE VI**

EFFECTIVE DATE: JANUARY 1, 1997

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

17<sup>th</sup> day of December, 19 96.

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

J. M. Groves (Jacqueline M. Groves)  
Signature

J. L. Groves  
Signature

R. Bryan Groves  
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: \_\_\_\_\_

GROVES SWIMMING POOL SERVICE, INC.

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

JAMES L GROVES

(NAME)

1161 TWIN OAK CT

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

MARCO ISLAND, FL 34145

(CITY/STATE/ZIP)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

*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.*

*J. L. Groves*

(SIGNATURE)

12/17/96

(DATE)

**DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314**