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TEXESX97 FLORIDA DIVISION OF CORPORATIONS 9:21 AM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FILINGS, INC.

ACCT#: 072720000101

CONTACT: TERESA ROMAN PHONE: (994)385-6735 FAX #: (904) 561-1025

NAME: GATOR POOL CARE, INCORPORATED AUDIT NUMBER...... H97000020055 DOC TYPE..... 5. FLORIDA PROFIT CORPORATION OR P.A. CERT. OF STATUS.. 0 PAGES.... 0 DEL.METHOD. FAX ES DEL.METHOD.. FAX EST.CHARGE.. \$70.00 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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#### ARTICLES OF INCORPORATION

of

# GATOR POOL CARE, INCORPORATED

(name of corporation)

ARTICLE I - CORPORATE GATOR POOL CARE, INCORPORATED The name of the corporation is:

## GATOR POOL CARE, INCORPORATED

# ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

#### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Hundred shares (100) of 1.00 Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

GATOR POOL CARE, INCORPORATED C/O Mr. Jack Masiello: ADDRESS: 1559 Fairway Road

CITY: <u>Pembroke Pines</u>

FLORIDA

ZIP 33026

ZIP 33026

The name and street address of the Initial Registered Agent of this Corporation is:

GATOR POOL CARE, INCORPORATED: Mr. Jack Masiello ADDRESS: 1559 Fairway Road

CITY: Pembroke Pines FLORIDA

Prepared by Page 1

ROSLYN C. LEWIN, P.A. 4300 N. UNIVERSITY DRIVE, SUITE B-100

LAUDEHILL, FL. 33351 FBN:832200

954-749-9991

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

JACK MASIELLO: 1559 Fairway Road, Pembroke Pines, FL 33026

FAITH SEDLACEK: 1559 Fairway Road, Pembroke Pines, FL 33026

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

JACK MASIELLO: 1559 Fairway Road, Pembroke Pines, FL 33026

FAITH SEDLACEK: 1559 Fairway Road, Pembroke Pines, FL 33026

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_December, 1997.

Jack Marielle (Seal)

STATE OF FLORIDA )

SS

COUNTY OF BROWARD )

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form(s) of identification of the above named persons as indicated opposite each name, and that an cath (was)

Signature

Signature

Form of Identification

Form of Identification

Page 2

Notary Rubber Stamp Seal

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<u> K</u>	Notary	C.L. Signatu	ce ce	-7	
1	DS/L Printed	~ 0	<b>\</b>	•	

#### CERTIFICATE AND ACKHONLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

GATOR POOL CARE, INCORPORATED (name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 1559 Fairway Road, Pembroke Pines, FL 33026

has named \_\_\_\_ Jack Masiello

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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DEC. -8 AM 9: