P99000003842

# TRANSMITTAL LETTER

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

000002729220--0

-01/04/99--01086--020

*****87.50 *****87.50

**SUBJECT:** Professional Pool Consultants, 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~~ $87.50 Filing Fee, Certified Copy & Certificate |

**ADDITIONAL COPY REQUIRED**

FROM: Lillian M. Quap
Name (Printed or typed)

2340 So. Hicks St.
Address

Phila., PA 19145
City, State & Zip

215-463-5855
Daytime Telephone number

FILED
99 JAN 11 PM 4:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 13 1999
JAN 6 1999

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

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 6, 1999

LILLIAN M. QUAP
2340 SO. HICKS STREET
PHILA, PA 19145

SUBJECT: PROFESSIONAL POOL CONSULTANTS, INC.
Ref. Number: W99000000260

We have received your document for PROFESSIONAL POOL CONSULTANTS, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 799A00000483

# 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:

Professional Pool Consultants, Inc.

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TALLAHASSEE FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

7610 Tara Circle
Unit #205
Naples, FL 34104

## ARTICLE III SHARES

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

100(one hundred)shares, common,
No par value

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lillian M. Quap
7610 Tara Circle
Unit #205
Naples, FL 34104

**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):

Lillian M. Quap
7610 Tara Circle
Unit #205
Naples, FL 34104

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

1st day of January , 19 99 .

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

Lillian M. Quap
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 Professional Pool Consultants, Inc.

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

Lillian M. Quap
(NAME)

7610 Tara Circle/Unit #205
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Naples, FL 34104
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

*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.*

Lillian M. Quap
(SIGNATURE)

January 1, 1999
(DATE)

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