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TRANSMITTAL LETTER

FILED
99 OCT 14 AM 9:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

SUBJECT: NATURE COAST VIKING POOLS, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: N. Fred KULL
Name (Printed or typed)

116 COMMERCIAL WAY
Address

Spring Hill, FL 34606
City, State & Zip

352-666-6474
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 19, 1999

N. FRED KULL
116 COMMERCIAL WAY
SPRING HILL, FL 34606

SUBJECT: NATURE COAST VIKING POOLS, INC.
Ref. Number: W99000024028

We have received your document for NATURE COAST VIKING POOLS, 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 document must state the number of shares of authorized stock.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 299A00050315



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 3, 1999

N. FRED KULL
116 COMMERCIAL WAY
SPRING HILL, FL 34606

SUBJECT: NATURE COAST VIKING POOLS, INC.
Ref. Number: W99000024028

We have received your document for NATURE COAST VIKING POOLS, 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):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 299A00050315

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NATURE COAST VIKING POOLS, INC.

ARTICLE II PRINCIPAL OFFICE

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

116 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JOANNE KULL
116 COMMERCIAL WAY
SPRING HILL, FL 34606

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

H. Fred Kull
116 COMMERCIAL WAY
SPRING HILL, FL 34606

H. Fred Kull

Signature/Incorporator

11/9/99

Date

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

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

Joanne Kull

Signature/Registered Agent

10/6/99

Date

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TALLAHASSEE FLORIDA