

P12000027773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

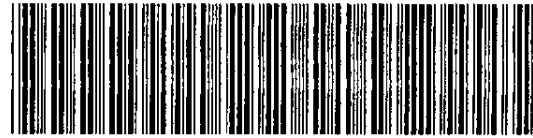
(Document Number)

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W2-10139

RECEIVED  
12 FEB 20 PM 3:34  
DIVISION OF CORPORATIONS

FILED  
12 MAR 21 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 22 2012

**COVER LETTER**

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

**SUBJECT: UVB POOLS CORP.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Alba J. Casallas  
Name (Printed or typed)

403 sw Leona Dr.  
Address

Port st. Lucie, Fl 34953  
City, State & Zip

561-3798240  
Daytime Telephone number

jcr0703@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2012

ALBA J. CASALLAS  
403 SW LEONA DR  
PORT ST LUCIE, FL 34953

SUBJECT: UVB POOLS CORP.  
Ref. Number: W12000010139

We have received your document for UVB POOLS CORP.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Please return the corrected 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) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00007561



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2012

ALBA J. CASALLAS      2ND ML  
PO BOX 15153  
WEST PALM BEACH, FL 33416

SUBJECT: UVB POOLS CORP.  
Ref. Number: W12000010139

We have received your document for UVB POOLS CORP.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

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Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00007561

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **UVB POOLS CORP.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

403 sw Leona dr. port st lucie fl 34953

Mailing address, if different is:

Po box, 15153 West Palm Beach 33416 Fla.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Pool Cleaning**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alba J. Casallas/ President Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
403 sw Leona Dr. Port st Lucie Fl. 34953

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alba J. Casallas  
Address: 403 sw Leona Dr. Port st Lucie Fl, 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alba J. Casallas  
Address: 403 sw Leona Dr. Port st Lucie Fl, 34953

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Alba J. Casallas Required Signature/Registered Agent 02-17-12 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Alba J. Casallas Required Signature/Incorporator 02-17-12 Date

FILED  
12 MAR 21 PM 4:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA