

PO1000000882

October 23, 2000

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


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*****70.00 *****70.00

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for A+ POOLS OF CENTRAL FLORIDA, INC. along with a check in the amount of \$70.00 for filing fee and designation of registered agent.

Also enclosed is a photocopy of the Articles. Please return this to me with the filing date stamped on it.

Thank you,


James Williams
Registered Agent

FILED
01 JAN -3 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

December 7, 2000

JAMES WILLIAMS
1563 N KELLY AVE
KISSIMMEE, FL 34744

SUBJECT: A+ POOLS OF CENTRAL FLORIDA, INC.
Ref. Number: W00000028814

We have received your document for A+ POOLS OF CENTRAL FLORIDA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 487-6925.

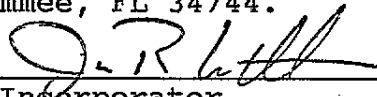
Cynthia Blalock
Document Specialist

Letter Number: 200A00061892

ARTICLES OF INCORPORATION

1. The name of the corporation is A+ POOLS OF CENTRAL FLORIDA, INC.
2. The purpose for which this corporation is organized is to transact any and all business for which corporations may be incorporated under Chapter 607, Florida Statutes.
3. The corporation shall have the authority to issue 5000 shares of common stock, in one class only, each with a par value of \$1.00.
4. The registered agent shall be JAMES WILLIAMS and the initial registered office shall be at 1563 North Kelly Ave. Kissimmee, FL 34744.
5. The initial Board of Directors shall have one member whose name and address is as follows:
James Williams
1562 North Kelly Avenue
Kissimmee, FL 34744
6. The incorporator of this corporation is JAMES WILLIAMS whose address is 1563 North Kelly Avenue Kissimmee, FL 34744. The mailing address and principal office of the corporation is 1563 North Kelly Avenue Kissimmee, FL 34744.

Dated October 16, 2000



Incorporator

STATE OF FLORIDA
COUNTY OF Osceola

BEFORE me, the undersigned authority, personally appeared JAMES WILLIAMS who is well known to me to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to the law that he made and subscribed the same for the uses and purposes therein mentioned.

IN WITNESS THEREOF, I have hereunto set my hand and official seal at Kissimmee, Osceola County, State of FLORIDA this 26 day of October, 2000.


Notary Public

My commission expires:

Accepted by Registered Agent:



BECKY PORTER
Notary Public, State of Florida
My comm. exp. Sept. 16, 2004
Comm. No. CC917473

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

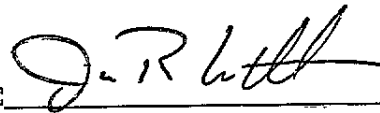
CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

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 A+ POOLS OF CENTRAL FLORIDA INC.

2. The name and address of the registered agent and office is:
JAMES WILLIAMS
1563 NORTH KELLY AVENUE
KISSIMMEE, FL 34744

SIGNATURE _____

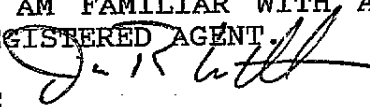


TITLE PRESIDENT

DATE OCTOBER 20, 2000

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.

SIGNATURE _____



DATE OCTOBER 20, 2000

REGISTERED AGENT FILING FEE: \$35.00

FILED
01 JAN -3 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA