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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**ALL CLEAR POOL CARE INC.**

Certificate of Status	0
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*J. H. [Signature]*  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

ALL CLEAR POOL CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

404 SW 19TH LN  
CAPE CORAL, FL 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is/are:

**DIRECTOR & PRESIDENT:**  
CHRISTOPHER T. D'AURIA  
404 SW 19TH LN  
CAPE CORAL, FL 33991

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ALL CLEAR POOL CARE INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

CHRISTOPHER T. D'AURIA  
404 SW 19TH LN  
CAPE CORAL, FL 33991

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the Incorporator is:

CHRISTOPHER T. D'AURIA  
404 SW 19TH LN  
CAPE CORAL, FL 33991

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\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

  
CHRISTOPHER T. D'AURIA/ REGISTERED AGENT

2-20-07  
DATE

  
CHRISTOPHER T. D'AURIA/ INCORPORATOR

2-20-07  
DATE

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