

P95000041479

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224 8870
 Mailing Address: Post Office Box 10149, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAY 26 AM 9:58

DBS/ale/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	CK No. _____	_____
BY <u>SHZ</u>	_____	_____	_____

WALK-IN Will Pick Up 5-26 1:00

of No. 51815
 RE: Seagrass Pools and Repairs, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
_____ Corp. Record Search	_____	_____
_____ Ltd. Partnership File	_____	_____
<input checked="" type="checkbox"/> Foreign Corp. File	_____	_____
<input type="checkbox"/> () Cert. Copy(s)	_____	_____
_____ Art. of Amend. File	_____	_____
_____ Dissolution/Withdrawal	_____	_____
_____ C U S -	_____	_____
_____ Fictitious Name File	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate Kit	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	_____	_____
_____ UCC 1 or 3 File	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	_____	_____
_____ File No.'s, _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/Handling	_____	_____
_____ Phone ()	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prop.	_____	_____
_____ FAX () pgs.	_____	_____
SUBTOTALS	_____	_____

RECEIVED
 95 MAY 25 11:53 AM
 DIVISION OF CORPORATIONS

FEE.....	\$	_____
DISBURSED.....	\$	_____
SURCHARGE.....	\$	_____
TAX on corporate supplies.....	\$	_____
SUBTOTAL.....	\$	_____
PREPAID.....	\$	_____
BALANCE DUE.....	\$	_____
.....	\$	_____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

of
Sawgrass Pools and Repairs, Inc.
(name of corporation)

95 MAY 26 AM 9:58

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Sawgrass Pools and Repairs, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of one Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>John D. Mosman</u>		
ADDRESS	<u>3245 NW 103 Terr</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>John D. Mosman</u>		
ADDRESS	<u>3245 NW 103 Terr</u>		
CITY	<u>Coral Springs</u>	FLORIDA	ZIP <u>33065</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>John D. Mosman</u>		
ADDRESS	<u>3245 NW 103 Terr</u>		
CITY	<u>Coral Springs</u>	STATE <u>FL</u>	ZIP <u>33065</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	John D. Mesman		
ADDRESS	3245 NW 10th Terr		
CITY	STATE	ZIP	
	Fl.	33065	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 22 day of May, 1995.

John D. Mesman (Seal)

_____ (Seal)

_____ (Seal)

STATE OF FLORIDA)
COUNTY OF Broward) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

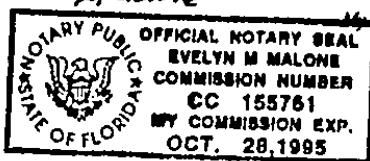
John D. Mesman

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that He executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22 day of May, 1995.

Evelyn M. Malone
(Notary Public, State of Florida At Large)
EVELYN M. MALONE
My Commission expires _____

DRIVERS LICENSE (Notary Seal)



CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 9:58

Sawgrass Pools and Repairs, Inc
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 3245 NW 103 Terr

Coral Springs, Fl. 33065

has named John D. Masman

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

John D. Masman
(registered agent)