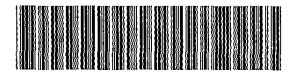
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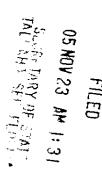
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Special Instructions to	Filing Officer:	





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. S. Marie 1. 2. 18 2002

COVER LETTER

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

SUBJECT:	Bill Thomas (PROPOSED CORPORA)		Mines de des de la constante d	
Enclosed are an orig	ginal and one (1) copy of the artic			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status	T _b .
FROM:	William T	Thomas (Printed or typed)		F 05 NOV 2 3
		x 1725 Address		FILED 05 NOV 23 AM-1: 32 S-JULIAN OF STATE 1 THAT SEE, FLORIT
		orings, FI 34447 State & Zip	· · · · · · · · · · · · · · · · · · ·	32
	352-621- Daytime T	0106 elephone number		. • .

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

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ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

Bill Thomas Pools, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PO Box 1725

Homosassa Springs, FI 34447

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To Conduct Lawful Business For Which Businesses May Be Incorporated Under The Florida General Corporation Act

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares @ \$1.00 Par Value

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William T Thomas, Director, President, Secretary

PO Box 1725

Homosassa Springs, FI 34447

REGISTERED AGENT

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

William T Thomas 6648 S Mason Creek Rd Homosassa, Fl 34448

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

William T Thomas PO Box 1725

Homosassa Springs, Fl 34447

ARTICLE VIII EFFECTIVE DATE: The Effective Date Shall Be January 1, 2006

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

Well Titarno		11/11/05	
Signature/Registered Agent		Date	•
Well Those	#	11/11/05	
Signature/Incorporator		Date	