### Florida Department of State

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To:

Division of Corporations

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From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone

: (212)431-50d0

Fax Number

: (212)431-1441

## FOREIGN PROFIT QUALIFICATION

POOLFESSIONALS, INC.

Certificate of Status Certified Copy Û 03 Page Count stimated Charge \$70.00

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#### ABPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 POOLFESSIO	NALS, INC.		. 1	
	opporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORI	PORATION,"	
Maj	intenance and Installation of p	ools	·	
(If name unavail	able in Florida, enter alternate corporate name s	dopted for the purpose o	f transacting business in Florida)	
2. New York		03-0509879		
(State or country	under the law of which it is incorporated)	(FEI nun	aber, if applicable)	
		perpetual		
		(Duration: Year corp. w	uration: Year corp. will cease to exist or "perpetual")	
6	Upon Filing			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501			
7 11 WILSHIRE C	COURT, FREEPORT NY 11520		•	
··	(Principal office addre	(\$6)		
11 WILSHIRE	COURT, FREEPORT NY 11520			
	. (Current mailing addr	SE)		
8			ALL S Plantida	
,	of corporation authorized in home state or con	ŧ	:	
9. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable	)	
Name:	BLUMBERGEXCELSIOR CORP. SERV	inė	20 ALS	
Office Address:	4435 OLD WINTER GARDEN RD		SECRE	
	ORLANDO	, Florida 3281	FEB 2	
	(City)	(Zip co	ode) mi w	
Having been nam designated in this further gores to t	gent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointments with the provisions of all statutes re- with and accept the obligations of my pos-	ent as registered agen lative to the proper an	t and agree to det in this capacity. I id complete performance of my duties	
	(Registered agent's signature)	Asst. sury		

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

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A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: ALEX RAMIREZ	
Address: 11 WILSHIRE COURT	
FREEPORT NY 11520	
Vice President:	
Address:	
	ALL:
Secretary;	PA TI
Address:	AR SS
Treasurer:	· Eg D
Address:	F075 A
1 0 -	application listing additional officers and/or directors.
13.	
(Signature of Director or Officer lists	ed in number 12 of the application)
14. ALEX RAMIREZ, PRESIDENT  (Typed or printed name and capaci	ity of person signing application)

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# State of New York Department of State ss

I hereby certify, that the Certificate of Incorporation of POOLFESSIONALS, INC. was filed on 03/11/2003, with perpetual duration) and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify, that no other documents have been filed by such Corporation.



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Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of February two thousand and five.

Secretary of State

2005 FEB 23 A & C SECRETARY OF STATI