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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

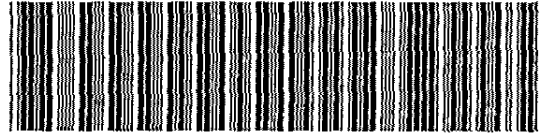
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04 AUG 19 PM 3:59

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

JAMES E. MACK
1321 Saxon Drive
New Smyrna Beach, Fl. 32169
386-426-6448
386-426-5725 fax

August 12, 2004

Registration Division
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Armstrong Pools, L.L.C.

Gentlemen:

Enclosed is the original and one copy of the Articles of Organization for Limited Liability Company of Armstrong Pools, L.L.C.

Will you please return a copy, conformed, to the undersigned in the enclosed self addressed stamped envelope.

Very truly yours,



James E. Mack

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armstrong Pools, LLC
(Name of Surviving Entity)

The enclosed Articles of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hal Armstrong
(Name of Person)

Armstrong Pools, LLC
(Firm/Company)

76 Cedar Dunes Drive
(Address)

New Smyrna Beach, FL 32169
(City/State and Zip Code)

For further information concerning this matter, please call:

Hal Armstrong at (386) 847-7665
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Armstrong Pools, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

76 Cedar Dunes Drive

SAME

New Smyrna Beach, FL 32169

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

James E. Mack

Name

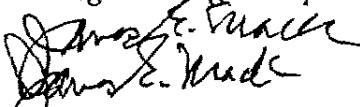
1321 Saxon Drive

Florida street address (P.O. Box NOT acceptable)

New Smyrna Beach FL 32169

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

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04 AUG 19 PM 3:59
TALLAHASSEE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Hal Armstrong, MGR

Hal Armstrong


76 Cedar Dunes Drive

New Smyrna Beach, FL 32169

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an ~~authorized~~ representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Hal Armstrong

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)