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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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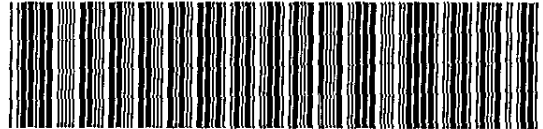
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN SEP 14 2004

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: Advanced Pool & Spa Service, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jamie N. Snell
(Name of Person)

Advanced Pool & Spa Service, LLC
(Firm/Company)

PO Box 1294
(Address)

Destin, FL 32540
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jamie N. Snell at 850-642-5705
(Name of Person) (Area Code & Daytime Phone 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**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is: Advanced Pool & Spa Service, LLC

ARTICLE II – Address:

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

Principal Office Address:

55 Foxmeyer Road
Santa Rosa Beach, FL 32459

Mailing Address:

PO Box 1294
Destin, FL 32540

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature

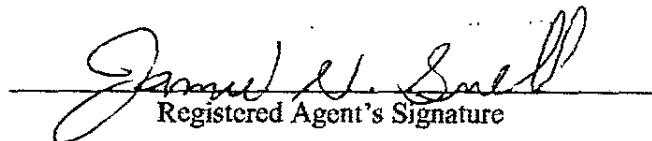
The name and the Florida street address of the registered agent are:

Jamie N. Snell
Name

55 Foxmeyer Road
Florida street address (P.O. Box NOT acceptable)

Santa Rosa Beach, FL 32459
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, Florida Statutes..


Registered Agent's Signature

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:

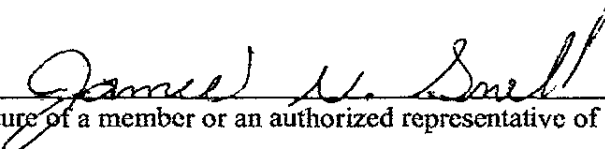
MGRM

Jamie N. Snell
55 Foxmeyer Road
Santa Rosa Beach, FL 32459

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TALLAHASSEE, FLORIDA

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.)

Jamie N. Snell
Typed or printed name of signee