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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247

: (800)494-3124

Phone Fax Number

: (305) 675-2811

M. Thomas JUL 2 1 2006

M. Thomas JUL 2 1 2006 FLORIDA/FOREIGN LIMITED LIABILITY CO.

Swim Time Pool Service, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

SWIM TIME POOL SERVICE, LLC

ARTICLE II: Address

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

14920 95TH LN N

WEST PALM BEACH, FL 33412

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED

AGENT SIGNATURE

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

THOMAS ROBERT WILLIAMS

14920 95TH LN N

WEST PALM BEACH, FL 33412

Having been named as registered agent to accept service of process withe 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.

THOMAS ROBERT WILLIAMS / REGISTERED AGENT'S SIGNATURE

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SWIM TIME POOL SERVICE, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

THOMAS ROBERT WILLIAMS 14920 95TH LN N WEST PALM BEACH, FL 33412

SECHEDARY OF STATE

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× TA-R-WM-

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.)

THOMAS ROBERT WILLIAMS
Typed or printed name of signee