

P01000086906

TRANSMITTAL LETTER

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

01 SEP -4 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Island Fiberglass Pools, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check fo

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status

ADDITIONAL COPY REQUIRED

FROM:

A1A Florida Corporate Services
218 Southern Country Lane
Quincy, FL 32351
1-850-921-4840

300004567983--1
-09/04/01--01068--022
****756.25 *****78.75

RECEIVED
01 SEP -4 PM 12:38
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
Island Fiberglass Pools, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
9426 Fred St.
Hudson, FL 34669

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is:
100 Shares of Common Stock Par Value \$1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):
Director #1 & President & Vice Prseident & Secretary & Treasurer
Catherine B. Prystupa
9426 Fred St.
Hudson, FL 34669


ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
Larry Sisson
218 Southern Country Lane
Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
A1A Florida Corporate Services
Larry Sisson
218 Southern Country Lane
Quincy, FL 32351

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



Signature/Registered Agent

9/4/01

Date



Signature/Incorporator

9/4/01

Date

FILED
01 SEP -4 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA