TRANSMI	TTAL LETTER		
(LO100098	2381	01 SEP 18	
Department of State Division of Corporations P. O. Box 6327		MITATION	
Tallahassee, FL 32314		000045967: -09/18/01010 ******78.75 *:	
SUBJECT: All Area Pools Inc., (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed is an original and one(1) copy of the article		check for	
□ \$70.00 <b>□</b> \$78.75			
Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee	□ \$87.50 Filing Fee,	
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
	ADDITIONAL CO	Status PY REQUIRED	
FROM: Mark Washington Name (Printed or typed)			
2106 River Hammock Ln. Address			
Ft. Perice Fl. 34981			

NOTE: Please provide the original and one copy of the articles.

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:  All Areq Pools inc.  ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  2100 River Hammer Land Forest F	OI SEP 18 PM 3:57  MILLAHASSEE FLORIDA  3498)
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To class Pool Services.	
ARTICLE IV SHARES The number of shares of stock is:	ent talen en e
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  Mark Washington Pres  2106 River Hammock Mn,  21, Pierce, 3L. 3498/  ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:  Terri Washington  aldo Rive Hammocken, Atlante Files	3498)
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  MACK MAS HIMMACK LA  FIRST CREEN 34981  ***********************************	
Having been named as registered agent to accept service of process for the above stated corpora certificate, I am familiar with and accept the appointment as registered agent and agree to act in	tion at the place designated in this
Signature/Incorporator I	Date / / /