

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number ; (850) 205-0381

From:

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221 : (631)224-9004 Phone

Fax Number : (631)224-7979

FLORIDA PROFIT CORPORATION OR P.A.

Swim Spas by Sapphire, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

12/28/2001

ARTICLES OF INCORPORATION

OLOGICAR PARTIES THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE L -NAME

THE NAME OF THE CORPORATION SHALL BE:

Swim Spac by Sapphire, Inc.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

327 Brooks Circle East Jacksonville FL 32211

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2,000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director: Trish Michaela, 327 Brooks Circle East, Jacksonville, FL

32211

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida strest address of the initial registered agent are:

Trish Michaels 327 Brooks Circle East, Jacksonville, FL 32211

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FROM : sapphire moon fax

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ARTICLE VI - EFFECTIVE DATE:

The effective date of existence for this entity is: January 1, 2002.

ARTICLE VILINCORPORATOR:

The name and address of the incorporator to these Articles of incorporation are:

Kerry Walsh Incorporatetime.com, inc. 35-37 Carleton Avenue Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as 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 familiar with and accept the obligations of my position as registered agent.

Trish Michaels, Registered Agent

Date

OI DEC 28 PM 1:19
TALLAHASSEE, FLORIDA

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