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SECRETURE OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: TREASURE COAST POOLSITTERS & SCREENS, INC
(Propused supporate name - must include suffix)

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

□ \$70.00 Filing Fee **\$**78.75 Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

□ \$131.25

Filing Fee.

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES SIMPSON
Name (Printed or typed)

77.1 SW South MACEdo Blud

Port ST. L-UCIE, FLORIDA 34983

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

CB 629

ARTICLES OF INCORPORATION OF

FILED

TREASURE COAST POOLSITTERS & SCREENS, INC. SEP 23 AM 9: 58

SECKLIMET OF STATE

The undersigned Incorporator(s), for the purpose of forming ALAHASSEE, FLORIDA corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. NAME

The name of this corporation shall be: TREASURE COAST POOLSITTERS & SCREENS, INC,

ARTICLE H. INITIAL REGISTERED OFFICE AND MAILING ADDRESS

The street address of the initial registered office of this corporation is 1350 SW BILTMORE STREET, PORT ST. LUCIE, FLORIDA 34983

The mailing address of this corporation is 1350 SW BILTMORE STREET, PORT ST. LUCIE, FLORIDA 34983.

ARTICLE III. CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000. Such shares shall be of a single class, and shall have a par value of \$1.00 per share.

ARTICLE IV. INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

Bruce C. Jackson 1350 SW Biltmore Street Port St. Lucie, Florida 34983

ARTICLE V. INCORPORATOR

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

Bruce C. Jackson 1350 SW Biltmore Street Port St. Lucie, Florida 34983

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Muph	4/19/07
Signature/Incorporator	Date

Having been named as registered agent and to accept service of process for the above stated corporation 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

* Lee - 9 [19 | 8 2 Signature Registered Agent Date

STATE OF FLORIDA COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me this 19 La day of Promore . 2002 by Rrice JACKSON , who is personally known to me or who has produced PORIDA ORIVENS as identification and who did not take an oath.

Print Name: JAMES C. SIMPSON

Notary

James C. Simpson
Commission # DD137578
Expires Sep. 13, 2006
Bonded Thru
Atlantic Bonding Co., Inc.