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To:

Division of Corporations
Fax Number: (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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2003 JAN 21 AM 8:56
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

CERTIFIED POOL CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION
OF

Certified Pool Care, Inc.

FILED

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation: 2003 JUN 21 AM 8:56

ARTICLE I NAME

STATE OF FLORIDA
TALLAHASSEE FLORIDA

The name of the corporation shall be: Certified Pool Care, Inc.

The principal place of business of this corporation shall be:

412 Orchid Lane
Palm Harbor, FL 34683

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1,000 having a par value of \$1.00.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until his successor is elected, is:

David E. Cumings, 412 Orchid Lane, Palm Harbor, FL 34683

Prepared by: KJC & Associates, Inc.
11125 Park Blvd., #104-342
Seminole, FL 33772
(727) 615-0804

ARTICLE VI INCORPORATOR

The name and street address of the incorporator to this articles of incorporation is:

Name:

Office:

Address:

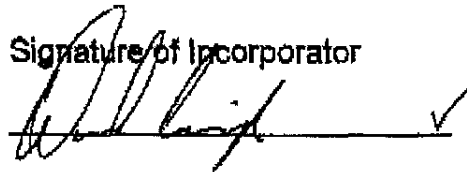
David E. Cumings

President

412 Orchid Lane
Palm Harbor, FL 34683

IN WITNESS WHEREOF, the undersigned incorporator has executed these
Articles of Incorporation this 20th day of January, 2003.

Signature of Incorporator

A handwritten signature in black ink, appearing to read "David E. Cumings", is written over a horizontal line. A checkmark is visible to the right of the signature.

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation: Certified Pool Care, Inc.
2. The name and address of the registered agent and office is:

David E. Cumings
412 Orchid Lane
Palm Harbor, FL 34683

SIGNATURE:  ✓

TITLE: President

DATE: January 20, 2003

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:  ✓

DATE: January 20, 2003

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TALLAHASSEE, FLORIDA