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TRANSMITTAL LETTER

Department of State

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 QUALITY CLEAR POOLS CO. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75 \$70.00 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED EPHEN M. FROM: _ Name (Printed or typed) 900 S.W. Daytime Telephone number

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

In compliance with Chapter 607 and/or Chapter	r 621, F.S. (Profit)	
•	(, (,	FILED
ARTICLE I NAME The name of the corporation shall be:		03 OCT 24 PM 5: 34
QUALITY CLEAR PO	iols co.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is	s: 900 SW 30 FT. LAUD, FL	57.
ARTICLE III PURPOSE The purpose for which the corporation is organ	nized is: TO COMPLY	WITH WORKERS
	COMPENSAT	ION REQUIREMENTS
ARTICLE IV SHARES The number of shares of stock is:		UGE EFFECTIVE: 1/04/
ARTICLE V INITIAL OFFICERS AN List name(s), address(es) and specific title(s):	DOR DIRECTORS STEPHEN M. W 3401 NE 17: OALWAND PARK	AUE
ARTICLE VI REGISTERED AGE! The name and Florida street address of the regions.	gistered agent is: STEPHE 3401	EN M. WIECH NE 17 AVE
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	STEPHEN M. W 3401 NE 17 OALWAND PARK	AUE .
**************************************	********************************* e of process for the above stated column to the stated column to the stated column to the stated agent and agree to ac	**************************************
Signature/Registered Agent	ich	10 / 18/9 Date
Signature/Registered Agent Stephen M. Wisc Signature/Incorporator	ch	10 18/4 Date
Signature/Incorporator		Date