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11/05/03--01029--011 **78.75

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I __ NAME

The name of the corporation shall be:

Moore Pool Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3370 Cornell Avenue P.O. Box 1664 Palm City, Florida 34991

ARTICLE III SHARES

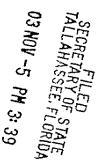
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV ____INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas L. Moore 3370 Cornell Avenue Palm City, Florida 34990



ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas L. Moore; Registered Agent/President 3370 Cornell Avenue Palm City, Florida 34990

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this ///の分/63.
Three L. Muse Signature
Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF

REGISTERD AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUES, 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 is:

 <u>Moore Pool Service, Inc.</u>
- 2. The Name and address of the registered agent and office is:

Thomas L. Moore

3370 Cornell Avenue Palm City, Florida 34990

Daytime Phone #: 772-283-7209

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.

Signature)

(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA