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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TAX MANAGEMENT CORP.
Account Number : I20000000044
Phone : (561) 218-9323
Fax Number : (561) 218-3699 ← → (561) 218-3699

* PLEASE FAX CERT. TODAY

FLORIDA PROFIT CORPORATION OR P.A.

POOLS & FOUNTAINS BY DESIGN, INC.

Certificate of Status	1
Certified Copy	2
Page Count	01
Estimated Charge	\$96.25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 19 PM 4:25

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

POOLS & FOUNTAINS BY DESIGN, INC.**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**19143 SKYRIDGE CIRCLE
BOCA RATON, FL. 33498****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is

SWIMMING POOLS, FOUNTAINS & SPAS: CONSTRUCTION AND REMODELING**ARTICLE IV SHARES**

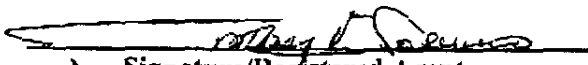
The number of shares of stock is:

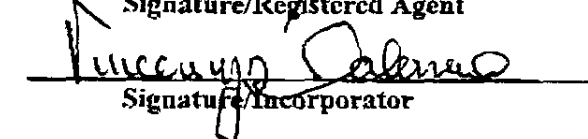
***1000* SHARES OF COMMON STOCK (Restricted for Transfer & Non-voting)
PAR VALUE - \$1.00 as per articles of organization)****ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

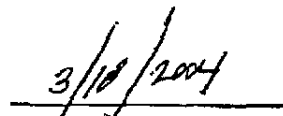
The name(s), address(es) and title(s):

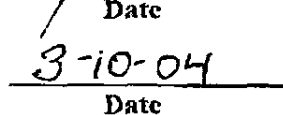
**VINCENZO SALERNO
19143 SKYRIDGE CIRCLE
BOCA RATON, FL. 33498
Title: CEO****ANTHONY V. SALERNO
19143 SKYRIDGE CIRCLE
BOCA RATON, FL. 33498
Title: President****ARTICLE VI REGISTERED AGENT**The name and Florida street address of the registered agent is:**TAX MANAGEMENT CORP. c/o Anthony V. Salerno
19143 Skyridge Circle
Boca Raton, Fl. 33498****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:**Vincenzo Salerno
19143 Skyridge Circle
Boca Raton, Fl. 33498**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Signature/Incorporator


Date


Date