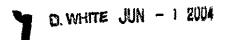
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(Req	uestor's Name)	
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TRANSMITTAL LETTER

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

SUBJECT: ATL	ANTIS POOL AND SPA OF	N.W. FLORIDA INC	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
FROM:	MICHA	AEL FERRARO	
	Name	e (Printed or typed)	
	196 E. NINE N	MILE RD SUITE E	
		Address	
		OLA FL 32534	
	City	, State & Zip	
	850	-475-4100	
	Davtime	Telephone number	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Atlantis Pool and Spa of N.W. Florida Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business / mailing address is:
2075 Elaine Circle
Pensacola FL 32504

FILED TOTALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any business or activity not prohibited by law.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V REGISTERED AGENT

The name and Florida Street address of the registered agent is:

Christopher Sams
2075 Elaine Circle
Pensacola FL 32504

The above is accepting the designation as registered agent.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

Christopher Sams 2075 Elaine Circle Pensacola FL 32504

ARTICLE VI NAME AND ADDRESS OF DIRECTORS/OFFICERS

Christopher Sams - President - 2075 Elaine Circle Pensacola Fl 32504 100% Ownership

Signature / Registered Agent

Signature / Incorporator

2 / 66/ Data

126/09

/Date