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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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SECHETATY OF STATE TALLAHASSEE, FLORIDA

AUG 29 RH 8: 34

CB8-29 Was-396

TRANSMITTAL LETTER

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

SUBJECT: MASTE	R TOUCH INSTALLATION S (PROPOSED CORPORA)	TNC. TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	TT TO SERVE
Enclosed are an original \$70.00 Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
				-
FROM: CH	IRISTOPHER A TORRES			
	Name ((Printed or typed)		Section 1985
	4342 SW 25 PL	Address	 	et e
	CAPE CORAL, FL, 33914	State & Zîp		s e e
	(239) 945-5567 Daytime T	elephone number		

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 22, 2005

CHRISTOPHER A TORRES 4342 SW 25 PL CAPE CORAL, FL 33914

SUBJECT: MASTER TOUCH INSTALLATIONS, INC.

Ref. Number: W05000039674

We have received your document for MASTER TOUCH INSTALLATIONS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75. Your document will be retained in our pending file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 805A00053255

Cynthia Blalock Document Specialist New Filings Section

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

05 AUG 29 AM 8:35

MASTER TOUCH INSTALLATIONS, TNC.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 4342 SW 25 PL. CAPE CORAL FL 33914

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which the corporation to organize the purpose for which the corporation to organize the purpose for which the corporation and clean. brick for pool and spa and services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s):

Clevert A. Torres - President , 1002 SW. 10 Pl. Cape Coral Fl, 33991 Christopher A. Torres - Vice President, 4342 SW. 25 Pl. Cape Coral Fl. 33914 Elba Torriani - Secretary and treasurer, 4342 SW. 25 Pl. Cape Coral Fl, 33914

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Elba Torriani 4342 SW. 25 Pl. Cape Coral Fl, 33914

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Christopher A. Torres 4342 SW. 25 Pl. Cape Coral Fl, 33914

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

ignature/Reg

Signature/in

Date