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

SUBJECT: ACQUAMASTER POOL SPECIALISTS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee	₹ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Leonardo Motta Capra		
	Name	(Printed or typed)	
	8665 Boca G	ilades Blvd W #A	
	A	Address	
	Poss Date	on El 22424	
	Boca Raton, FL - 33434 City, State & Zip		
	City,	State & Zip	
	5618	3601231	
	Daytime To	elephone 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:

AcquaMaster Pool Specialists Inc

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8665 Boca Glades Blvd W #A Boca Raton/FL 33434

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Pool Maintenance, Service and Repairs.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Leonardo Capra 8665 Boca Glades Blvd W #A Boca Raton/FL 33434

ARTICLE VI REGISTERED AGENT

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

Leonardo Capra 8665 Boca Glades Blvd W #A Boca Raton/FL 33434

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Leonardo Capra 8665 Boca Glades Blvd W #A Boca Raton/FL

33434

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 fymiliar with and accept the appointment as registered agent and agree to act in this capacity

07/20/2007 Signature/Registered

Signature/Incorporator

07/20/2007 Date

Date