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FLORIDA PROFIT/NON PROFIT CORPORATION

Pool Medic of Lee County, Inc.

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Florida Dept of State



September 24, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: POOL MEDIC OF LEE COUNTY, INC.
REF: W07000047133

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FAX Aud. #: H07000234737
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P.O BOX 6327 - Tallahassee, Florida 32314

H07000234737

ARTICLES OF INCORPORATION
OF

POOL MEDIC of LEE COUNTY, INC.
P. O. BOX 428
LEHIGH ACRES, FL 33970-0428

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

ARTICLE I NAME

The name of the corporation shall be: POOL MEDIC of LEE COUNTY, INC.

The principle place of business of this corporation shall be:
18401 PINE NUT COURT
LEHIGH ACRES, FL 33972

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

10,000 with par value of \$0.50

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

KENNETH W. CONGDON, Pres./Dir.
18401 PINE NUT CIRCLE
LEHIGH ACRES, FL 33972

LYNN A. CONGDON, Sec./Dir.
18401 PINE NUT CIRCLE
LEHIGH ACRES, FL 33972

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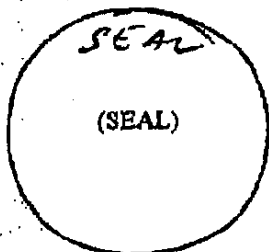
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

KENNETH W. CONGDON
18401 PINE NUT CIRCLE
LEHIGH ACRES, FL 33972

The undersigned incorporator(s) has(have) executed these Articles of Incorporation the 20th day of SEPTEMBER, 2006.

Signature(s) of Incorporator(s)



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, 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: POOL MEDIC of LEE COUNTY, INC.
2. The name and address of the registered agent and office is:

KENNETH W. CONGDON 18401 PINE NUT CIRCLE LEHIGH ACRES, FL 33970-0428

SIGNATURE



(CORPORATE OFFICER)

TITLE President

DATE SEPTEMBER 20, 2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE



DATE: SEPTEMBER 20, 2006

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