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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
POOL MOSAICS DISTRIBUTORS INC.

Certificate of Status	0
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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: Pool Mosaics Distributors Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10750 NW 66 ST
Unit 202
Doral, FL-33178

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all law-ful Business

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorian Torres (P)
Address 10750 NW 66 ST
Unit 202
Doral, FL. 33178

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

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_____ _____

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ARTICLE VI REGISTERED AGENT

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

Name: Lorian Torres

Address: 10750 NW 66 ST 907-202

Doral, FL. 33178

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Lorian Torres

Address: 10750 NW 66ST Unit 202

Doral, FL. 33178

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

Lorian Torres

Required Signature/Registered Agent

04/16/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lorian Torres

Required Signature/Incorporator

04/16/2013

Date