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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
SYNTECH POOLS INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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| Page Count            | 03      |
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08/14/2031 06:04  
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October 2, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: SYNTech POOLS INC  
REF: W13000054690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the spelling of the citys name in Article I.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H13000217817  
Letter Number: 913A00023147

P.O BOX 6327 - Tallahassee, Florida 32314

H13000217817

## 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:

Syntech Pools Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address9121 SW 174 ST  
PALMETTO BAY, FL 33157

Mailing address, if different is:

1172 S. Dixie Hwy  
Suite 382  
Coral Gables, FL 33146-2988**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any And All Lawful BusinessFILED  
13 OCT -2 AM 11:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

LORIAN TORRES (PRE)

Name and Title:

Address

10750 NW 66 ST  
Suite 200  
Doral FL 33128

Address:

Name and Title:

JOSE L. BEATO (UP)

Name and Title:

Address

9121 SW 174 ST  
PALMETTO BAY, FL 33157

Address:

Name and Title:

Name and Title:

Address

Address:

H13000217817

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LORIAN TORRES  
 Address: 1172 S. Dixie Hwy. Suite 382  
Coral Gables, FL 33146-2918

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lorian Torres  
 Address: 1172 S. Dixie Hwy Suite 382  
Coral Gables, FL 33146-2918

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

10/11/2013  
 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

10/11/2013  
 Date

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