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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number

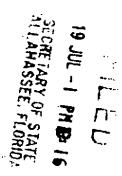
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION AQUAVISTA POOL CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
AQUAVISTA POOL CORP	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:  250 LOWER MATERIABE Ral.	
Def LARGO FI 33037	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE IS:	
	<b>,</b>
HASSE!	ī
F.C.	רו
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
OMAY DECERYO	
250 lower Matecomic rd	
Key Largo F1 33037	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Omar becorra	
250 Lower Materianise Rol	
Yeu large fl 38037	

## Required Signatures:

Having been named as registered agent to accept corporation at the place designated in this certific appointment as registered agent and a	service of process for the above stated cate, I am familian with and accept the sgree to act in this capacity
· COM	-1 ( (3

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.

Incorporator Date