

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

22
 JAN 27 1995 BSB

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>SW</u>	_____	_____	_____

WALK-IN
 Will Pick Up 1-30 1:00

RE: Guaranteed Pool and Spa, Inc.

\$5 _____

✓ Capital Express
 ✓ Corp. Inc. Filing
 ✓ Corp. Record Search
 ✓ Std. Partnership Filing
 ✓ General Corp. Filing
 ✓ () Cert. Copies

Art. of Amend. Filing
 Dissolution/Withdrawal
 C U S -
 Fictitious Name Filing

Name Reservation
 Annual Report/Reinstatement
 Reg. Agent Service
 Document Filing

Corporate Kit
 Vehicle Search
 Driving Record
 Document Retrieval

UCC 1 or 3 Filing
 UCC 11 Search
 UCC 11 Retrieval
 Filing No.'s, _____ Copies
 Courier Service
 Shipping/Handling
 Phone () _____
 Top Priority _____
 Express Mail Prep. _____
 FAX () _____ pgs.

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
OF
GUARANTEED POOL AND SPA, INC.

FILED

95 JAN 30 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following articles of incorporation for such corporation:

ARTICLE I. NAME AND ADDRESS: The name and address of the corporation is: GUARANTEED POOL AND SPA, INC., 110 Park Avenue, Daytona Beach, Florida 32118.

ARTICLE II. TERM OF EXISTENCE: The period of its duration is perpetual.

ARTICLE III. GENERAL NATURE OF BUSINESS: The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV. CAPITAL STOCK: The corporation shall have authority to issue 100 shares, Common Stock, at \$1.00 par value.

ARTICLE V. INITIAL REGISTERED AGENT AND OFFICE: The address of the initial registered office is: 110 Park Avenue, Daytona Beach, Florida 32118, and the name of the initial registered agent at said address is: ROBERT E. OTTENDORF.

ARTICLE VI. MANAGEMENT BY SHAREHOLDERS: The business of this corporation shall be managed by its shareholders rather than by a Board of Directors. The shareholders reserve unto themselves the power to adopt, alter, amend, or repeal the by-laws of this

corporation. In the management of the business of the corporation, the act of the shareholders representing a majority of the outstanding shares of the corporation entitled to vote, represented in person or by proxy, shall be the act of the shareholders. Each shareholder shall be entitled to one vote in person or by proxy, for each share of voting stock held by him. A majority of the outstanding shares of the corporation entitled to vote, represented in person, or by proxy, shall constitute a quorum at any meeting of the shareholders for the management of the business of the corporation.

ARTICLE VII. INCORPORATORS: The name and address of the incorporator is: ROBERT E. OTTENDORF
110 Park Avenue
Daytona Beach, Florida 32118

ARTICLE VIII. AMENDMENT: These Articles of Incorporation may be amended in the manner provided by law and approved by the shareholders by a majority of the stock entitled to vote thereon, unless all the shareholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 27th day of January, 1995.

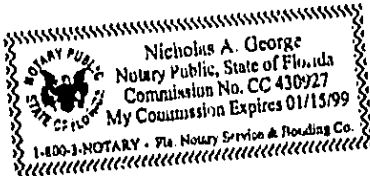

ROBERT E. OTTENDORF, Incorporator

STATE OF FLORIDA

COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 27th
day of January, 1995 by ROBERT E. OTTENDORF, who is personally
known to me or who has produced _____
_____ as identification.

NOTARY PUBLIC:



Sign Nicholas George

State of Florida at Large

The undersigned, having been named to accept service of process for the above stated corporation, at the place designated in Article V of the Articles of Incorporation, hereby accepts such designation and agrees to comply with the provisions of Section 48.091, Florida Statutes, relative to keeping open said office.

Robert E. Ottendorf
ROBERT E. OTTENDORF

Guarantee, Art

P950000763 0

T.M.L. Pack & Ship Inc.
314 N. University Dr. Rm 17
Pembroke Pines, FL 33024

700001660827
-12/13/95--01042--007
*****35.00 *****35.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

95 DEC 13 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

12/15

Handwritten signature: J. R.O. Chang

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: T.M.L. PACK & SHIP, INC.

1b. The mailing address of the corporation is: 314 N. University Drive, Rm. L-7
Pembroke Pines, Florida 33024

1c. Date of incorporation: October 5, 1995 Document number: P95000076320

2. The name and address of the current registered agent and office:

PHILLIP T. LISTON

500 East Broward Boulevard, Suite 127

Fort Lauderdale, Florida 33394

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

PHILLIP T. LISTON

314 N. University Drive, Rm. L-7

Pembroke Pines, Florida 33024

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Phillip T. Liston
(Signature of an officer, chairman or
vice chairman of the board)

12-10-95
(Date)

PHILLIP T. LISTON, President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Phillip T. Liston
(Signature of Registered Agent)

12-10-95
(Date)

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

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
1996 OCT 28 AM 10: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000007630**

1. Corporation Name

GUARANTEED POOL AND SPA, INC.

Principal Place of Business

**110 PARK AVE
DAYTONA BEACH FL 32118**

Mailing Address

**110 PARK AVE
DAYTONA BEACH FL 32118**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

606 Fern Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Holly Hill FL

Zip

32117

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1995

5. FEI Number

593297216

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SE

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/v	Wesley C Haigh	606 Fern Ave	Holly Hill FL 32117
T/s	Grace Barchard	750 Reed Canal #69	S. Daytona FL 32119
			200001995392--4
			-11705796--01008--001
			****375.00 ****375.00

REINSTATEMENT *filed*
10/24/96

8. Name and Address of Current Registered Agent

**OTTENDORF, ROBERT E
110 PARK AVE
DAYTONA BEACH FL 32118**

9. Name and Address of New Registered Agent

Name **Wesley C Haigh**
Street Address (P.O. Box Number is Not Acceptable)
606 Fern Ave
Suite, Apt. #, Etc.
City **Holly Hill** State **FL** Zip Code **32117**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10/24/96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/24/96**

Daytime Phone # **904-554466**