PASOLUS BONREA 8290 LAKE MILLE 4350 Wilder Fl 33/66

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	on Name)	(Document #)	
(Corporation Name)		(Document #) -06/09/3501089-	
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NEW FILINGS	AMENDMENTS	Sirector FILED FILED FILED AND PH 3: 20	
rofit	Amendment		
NonProfit	Resignation of R.A., Officer/I	Director 33 7	
imited Liability	Change of Registered Agent	Director SEE FILED	
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Other	Merger		
OTHER FILINGS	REGISTRATION/		
nnual Report	QUALIFICATION		
ctitious Name	Foreign		
ame Reservation	Limited Partnership		
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	Trademark		

Other

CR2E031(10/92)

Examiner's Initials

TRANSMITTAL LETTER

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

	KIDS CORP.	name - must include su	ffix)	
Parlament to an extensi	al and ano /9\ aa	anu of the opticion o	f incornoration	and a chack
Enclosed is an origin for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check
FROM:	· · · · · · · · · · · · · · · · · · ·	NCALVES BORREG	A.	
	<u>8290 LAK</u>	B DR # 350. Address		
		ORIDA. 33166 ty, State & Zip		
		591-4369		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 15, 1995

LISA GONCALVES BORREGA 8290 LAKE DRIVE #350 MIAMI, FL 33166

SUBJECT: SWIM KIDS CORP. Ref. Number: W95000012242

We have received your document for SWIM KIDS CORP, and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 495A00029530

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SWIM KIDS CORP.

95 JUN 30 PH 3: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8290 LAKE DR #350.MIAMI, FL. 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100.(one hundred).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Swim Kids Corp. Lisa Goncalves Borrega 8290 Lake Drive #350 Miami, Fl. 33166

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LISA GONCALVES BORREGA. 8290 LAKE DR#350. MIAMI, FLORIDA 33166

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: SWIM KIDS CORP.					
2.	The name and address of the registered agent and office is:					
	<u>SWIM KIDS CORP</u> Lisa Gonca <u>lves B</u> o (NAME)	FIL 95 JIN 30 95 JIN 30 SECRITARY				
	8290 Lake Drive #350					
	3: 20 STATE FLORIDA					
	Miami, Fl. 33166					
(CITY/STATE/ZIP)						

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) 6-26-95 (Date)