19600008170

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

for:

SUBJECT: Complete Aguatic Instruction Inc.
(Proposed corporate name - must include suffix)

is an origina	Toriginal and diff (1) copy of the articles of incorporation and a check			
] \$70.00 Filing Fae	\$78.75 Filling Fee & Cordficate	\$122.50 \$131,25 Filing Fee Filing Fee, Certified Copy & Certificato Additional Copy Required	,	
FROM:	<u>Kather</u>	rine Judin (printed or typed)	_	
	100 NW	/ 110 +h Avenue Address	1-24-96	
		ration, Fl 33324 y, State & Zip		
) 476 - 7900 Telephone number		

200001696812 -01/24/96--01055--010 *****78.75 *****78.75

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Complete Aquatic Instruction Inc.

ARTICLE II PRINCIPAL OFFICE

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

100 NW 110-14 Avenue-Plantation, Fl 33324

ARTICLE III SHARES

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

one

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

Katherine Judin
100 NW 110 49 Acenue
Plantation, F1 3334

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):

Katherine Tudin 100 NW 110+h Avenue Plantation, Fl 33324

NOTE: I ffixing 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: Complete Aquatic Instruction		
	Inc.		
2. The name and address of the registered agent and office is:			
	atherine Judin		
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		
	Plantation, Fl 33324 (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.

Katherine Judin 1/17/96 (SGNATURE) (DATE)