P96000013995 TRANSMITTAL LETTER

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

800001712978 -02/19/96--01026--013 -****131.25

SUBJECT: Final Touch Pool Remodeling Inc.
(Proposed corporate name - must include suffix)

for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	96 FEB 12 AM	SECRETARY OF DIVISION OF CORPO
FROM:	Danie Name	F. Flonder	s	AM 10: 06	STATE SRATIONS
	404	Temple Str	rect		
	<u>Satelli</u>	te Beach	FL, 32937		
	(407) Daytime	Telephone number	34		
		'AL	EB 1 4 199 5		

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

DIVISION OF CONFORATION 96 FEB 12 AMID: 00

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:

Final Touch Pool Remodeling Inc.

ARTICLE II PRINCIPAL OFFICE

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

404 Temple Street Satellite Beach FL. 32937

ARTICLE III SHARES

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

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

Daniel F. Handers 404 Temple Street Satellite Beach, FL. 32937

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):

Daniel F. Flanders 404 Temple Street, Satellite Beach, FL, 32937

The undersigned incorporator(s) has(have) executed these Articles of It	ncorporation this
$39^{\frac{11}{10}}$ day of January, 19 96.	. •
Daniel J. Flanders, Signature	
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Signature	
Signature	

designation of officers.

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

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	Einal Touch Pool Remode	ling Inc.
2. The name and address of the	registered agent and office is:	
<i>D</i>	oniel F. Flanders (Name)	SECRET DIVISION C
	O. Box or Mail Drop Box NOT ACCEPTABLE)	FILE F CO
<u> </u>	CHYSTATIZED FL 32937	OF STATE REPORATIONS AM 10: 06

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.

Paniel Forders, 01/29/96 (SIGNATURE) (DATE)