

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

PHONE () _____

State Fee \$ _____ Our \$ _____

RE: DAMIEN Supply 9/10/99 PM 3:3

O.C. no. 0000000000

☒ Capital Express™
 _____ Art. of Inc. File _____
 _____ Corp. Record Search _____
 _____ Ltd. Partnership File _____
☒ Foreign Corp. File _____
 () Cert. Copy(s) *photo*

 _____ Art. of Amend. File _____
 _____ Dissolution/Withdrawal _____
 _____ C U B _____
 _____ Fictitious Name File _____

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

 _____ Corporate Kit _____
 _____ Vehicle Search _____
 _____ Driving Record _____
 _____ Document Retrieval _____

 _____ UCC 1 or 3 File _____
 _____ UCC 11 Search _____
 _____ UCC 11 Retrieval _____
 _____ File No.'s. _____ Copies _____
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 _____ FAX () _____ pgs.

SUBTOTALS

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	_____	_____	_____

WALK-IN 5/9 3:00
Will Pick Up

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

TRANSMITTAL LETTER

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

SUBJECT: D&M Pool Supply, Inc.
(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee and Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Carol McAtee, CPA
Name

7973 Third Avenue South
Address

St. Petersburg, FL 33707
City, State & Zip

813-341-1099
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF INCORPORATION

FILED
96 MAY -9 PM 3:31
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

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:

D&M Pool Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Mailing Address: 2702 Woodhaven Ct.
Clearwater, FL 34621

ARTICLE III SHARES

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

7,000 Shares

D&M Pool Supply, Inc. continued...

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

Carol McAtee, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

ARTICLE V INCORPORATOR(S)

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

Carol McAtee, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this
8th day of May, 1996.

Carol McAtee CPA
Signature

Signature

**ARTICLES OF INCORPORATION
FILING FEE- \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, 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:

D&M Pool Supply, Inc.

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

Carol McAtee, CPA
7973 Third Avenue South
St. Petersburg, FL 33707

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.

Carol M. McAtee, CPA
Signature

5-1-96
Date

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314