# P96000071407 TRANSMITTAL LETTER

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PALLYMAN AND LONDA

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

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SUBJECT: Pool Gooder's S. If no. (Proposed corporate name - must include suffix)							
Enclosed is an original for:  \$70.00 Filing Fee	and one (1) co \$78.75 Filling Fee & Cerdificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Cerdified Copy & Cerdificate	and a check			
FROM:	Name (	oddess, Ir	-				
		Address = 2015	-00 î	Show healing			
	City, State & Zip						
		744-0861 Telephone number	·	KAR J. J. J.			
				(3/10)			
NOTE: Please p	provide the o	riginal and <u>one</u>	copy of the	articles.			

### ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be: Pool Goddess; Inc.

ARTICLE II C PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

1107 Siouxst. Jupiter, FC. 33458

**ARTICLE III SHARES** The number of shares of stock that this corporation is authorized to have outstanding at any one time 1.000

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

Betsy Strawbridge 1111 Siouxst. Jupiter, FL. 33458

## 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):

Belsy Strawbridge 1111 Sioux St. Jupiter, FL. 33458 Defina Wriggle 1107 Sioux St. Jupi Ler, FL. 33458.

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

nincleenth day of August , 19 96.

(An additional article must be added if an effective date is requested.)

Berry Strawbridge.

Olama Wiggle Signature

Signature

#### Notarization is not required

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

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF ORIDA FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the	corporation is:	Pool God	Idess, I	nc.
2. The name and a	ddress of the regis	tered agent and office		, , , , , , , , , , , , , , , , , , ,
		(Name)	Bebsu	1 Straworld
	1111 Sto	OUX S-C x or Mail Drop Box NOT	ACCEPTABLE)	_
		Y,FU. 334 (CITY/STATE/ZIP)		_
corporation at the pagent and agree to	place designated in act in this capacit or and complete pe	n this certificate, I her ty. I further agree to erformance of my duti	eby accept the app comply with the pr	for the above stated ointment as registered ovisions of all statutes ar with and accept the
	(Šiónaturi	E)	(DATE)	, · .
Betays	(SIGNATURI Strawba	ridge	8	19-96

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