TRANSMITTAL LETTER

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

Personalized Pool Designers Inc. SUBJECT:

(Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee Filing Fee

& Certificate of Status

\$78.75 Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

William J. McCrary

Name (Printed or typed)

12506 Shadow Run Blvd.

Address

Riverview, FL 33569

City, State & Zip

813-610-2211

Daytime Telephone number

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

ARTICLES OF INCORPORATION

"The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	Printer of S. Change
ADDICLE I NAME:	FILED
ARTICLE I NAME The name of the corporation shall be:	99 MAR 22 PM 4: 27
	33 MAR 22 PM 4: 27
Personalized Pool Designers Inc.	SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 12506 Shadow Run Blvd. Riverview, FL 33569	# T
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
1000 (one thousand) Shares	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADD The name and Florida street address of the initial registered agent are: William J. McCrary 12506 Shadow Run Blvd., Riverview, FL 33569 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:	<u>PRESS</u>
William J. McCrary	
12506 Shadow Run Blvd Riverview, FL 33569	
William Mang 03	19 9 Date
(An additional article must be added if an effective date is requested.) Having been named as registered agent and to accept service of process for the above stated corporation in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity the provisions of all statutes relating to the proper and complete performance of my duties, and I obligations of my position as registered agent Signature/Registered Agent	oration at the place designated in ty. I further agree to comply with