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AMERICAN INSURANCE MANAGEMENT 750 EAST SAMPLE RD. FOMPANO BEACH, FL 33064 (335) 943-0533 • FAX (305) 943-0534

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

2	(Corporation Name)	(D	
	(Corporation Name)	(Docu	ment #)
3	(Corporation Name)	(Docu	ment #)
1	(Corporation Name)	(Docu	iment #)
☐ Walk in	Pick up time		Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status

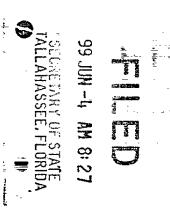
NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

AMENDMENTS
Amendment
Resignation of R.A., Officer/ Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement =
<u> </u>	Trademark
	Other

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ARTICLES OF INCORPORATION

OF FOOL SOURCE, INC.

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:

Pool Source, INC.

99 JUN -4 AM 8: 27
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

900 N.E. 9TH Street POMPANO BEACH FL 33060

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIKE VICTOR 900 N.E. 9TH Street

P REACH F, 33060

ARTICLE V INCORPORATOR(S)

The name(s) an	d street address(es) of the incorporator(s) to these Articles of Incorpora-	!
tion is(are):	POOL SOURCE, NC.	
	THE ST THE	
	900 N.E. 9 3 BIREL	, ,
	900 N.E. 9TH Street POMPANO BEACH FL 33060	 1

Signature

Articles of Incorporation

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:_	Pool	Sour	EE NC.	
2. The name	and address of the re- MIKE 900 N. Pompi	gistered agent and (Name) (Name) (O. Box not acceptal (City/State/Zip)	Street	SECRETARISSEE, FLORIDA TALLAHASSEE, FLORIDA	

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.

Mohal It 5-27-99
(Signature)