

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000219564 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

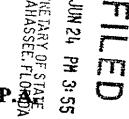
Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346



FLORIDA PROFIT CORPORATION OR P

TRIPLE CROWN HOMES OF MARION COUNTY, INC.

Certificate of Status	0
Certified Copy	Ī
Page Count	04
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

OF TRIPLE CROWN HOMES OF MARION COUNTY, Inc. ARTICLE 1 - NAME

The name of the Corporation is:
TRIPLE CROWN HOMES OF MARION COUNTY, INC.
ARTICLE II - DURATION

This corporation shall have a perpetual existence commencing on the Date of Filing.

ARTICLE III - PURPOSE

This corporation may engage in any activity of business permitted under the laws of the United States and the State of Florida

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 190 shares of one dollar(\$1.00) par value common stock, which shall be designated "Common Shares"

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered office of this corporation is:

LAN ANDREWS
514 SW 2ND AVENUE
OCALA, FL. 34474
The principal Place of business of the Corporation shall be:
514 SW 2ND AVENUE
OCALA, FL. 34474

H03000219564 9

D3 JUN 24 PM 3: 58
SECRETARY OF STATE

1 H03000219564 9

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This Corporation shall have one (1) Director initially. The number of Directors may be increased or decreased from time to time by the bylaws, but shall never have less than one (1). The name and address of the initial Director is:

Name: LAN ANDREWS
PRESIDENT

Address: P.O. BOX 1057 OCALA, FL 34474

ARTICLE VII - LAWS

The by-laws of this corporation may be adopted, altered, amended or repealed by either the Stockholder (\$) or Director (\$)

ARTICLE VIII - IDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former officer or Director, to the full extent permitted by law.

ARTICLE IX PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as which he/she already holds, shall have the right to purchase his/her prorated share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE X - INCORPORATOR

The persons signing these Articles is: Albert Folsom III

ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation, this 20th DAY of JUNE of 2003

LAN ANDREWS

President

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statues, 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.

First that, TRIPLE CROWN HOMES OF MARION COUNTY, INC. Is desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation has named LAN ANDREWS located at Ocala, Florida, County of Marion, State of Florida, as its agent to accept service of process within this state.

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 PORVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PREFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

LAN ANDREWS, Agent

TARY OF STATE