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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : GRAYROBINSON, P.A. - ORLANDO
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Co-Owners Maintenance Services Co.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

12/14/11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Co-Owners Maintenance Services Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2180 W. State Road 434
Suite 5000
Longwood, Florida 32779

Mailing address, if different is:
2180 W. State Road 434
Suite 5000
Longwood, Florida 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Howard Pomp, CEO, Secy., & Treas.
Address: 2180 W. State Road 434, Ste. 5000
Longwood, Florida 32779

Name and Title: James W. Hart, Jr., President
Address: 2180 W. State Road 434, Ste. 5000
Longwood, Florida 32779

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Howard Pomp
Address: 2180 W. State Road 434, Ste. 5000
Longwood, Florida 32779

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Howard Pomp
Address: 2180 W. State Road 434, Ste. 5000
Longwood, Florida 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
Required Signature/Registered Agent

12-9-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

12-9-2011
Date

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