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TRANSMITTAL LETTER

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

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SUBJECT: WAYNE'S R. V. REBORT, TAGE
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $\frac{122}{12}$.

FROM:

Department of State

City, State, & Zip

Telephone Number

Note: Please provide the original and one copy of the Articles.



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ARTICLES OF INCORPORATION

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WAYNES R.V. RESORT THE

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

ARTICLE I NAME

The name of the corporation shall be:

WHYNE'S R. V. RESORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

ROUTE 17 BOX-501 LAKE CITY, FLORIDA 32024

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

WAYNE IN TIERNBERG ROUTE 17 BOX 501 LAKE CITY, FLORIDA 32024

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WAYNE W. TEENNBERG ROUTE 17 BOY 501 HAKE CITY FLORIDA BRORY

DONNA L. TITERNBERG ROUTE 17 BOX501 LAKE CITY, FLORIDA 32034

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

 $\frac{1/\tau\mu}{}$ day of $\frac{MAY}{}$, 19 $\frac{95}{}$.

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: LUBYNE GROWN RESORT	- Two		
2. The name and address of the registered agent and office is:		 •	
LUAYINE W. TERNISERS			
ROUTE 17 Box 501	Professional	35 HET	~i7
P.O. BOX NOT ACCEPTABLE)		· 55 - 명	
(CITY/STATE/ZIP)		12: 5 6	ري

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ACOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I EREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT I. 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.

SIGNATURE Degree 18 The	Rud
DATE	J