

9970000024760

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

No 53739

RE: Atoka Park
Stakes, Inc.

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
_____ Corp. Record Search	_____	_____
_____ Ltd. Partnership File	_____	_____
_____ Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> () Cert. Copy(s)	_____	_____
_____ Art. of Amend. File	_____	_____
_____ Dissolution/Withdrawal	_____	_____
_____ C U S -	_____	_____
_____ Fictitious Name File	_____	_____
_____ Name Reservation	_____	_____
_____ Annual Report/Reinstatement	_____	_____
_____ Reg. Agent Service	_____	_____
_____ Document Filing	_____	_____
_____ Corporate Kit	_____	_____
_____ Vehicle Search	_____	_____
_____ Driving Record	_____	_____
_____ Document Retrieval	_____	_____
_____ UCC 1 or 3 File	_____	_____
_____ UCC 11 Search	_____	_____
_____ UCC 11 Retrieval	_____	_____
_____ File No.'s. _____ Copies	_____	_____
_____ Courier Service	_____	_____
_____ Shipping/Handling	_____	_____
_____ Phone ()	_____	_____
_____ Top Priority	_____	_____
_____ Express Mail Prep.	_____	_____
_____ FAX () pgs.	_____	_____
SUBTOTALS	_____	_____

FILED

97 MAR 19 PM 2:00

RECEIVED

AL MAR 19 1997

TX!

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	_____	_____	_____

WALK-IN 3/19 12:00
 Will Pick Up _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

of

AZALEA PARK ESTATES, INC.

FILED

97 MAR 19 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation:

ARTICLE I. NAME

The name of this corporation is: AZALEA PARK ESTATES, INC.

ARTICLE II. PRINCIPAL OFFICE

The street address of the initial principal office of the corporation is 139 Neptune Road, St. Augustine, FL 32086. The mailing address of the corporation is the same. The Board of Directors may, from time to time, move the principal office to any other address in Florida.

ARTICLE III. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE IV. CAPITALIZATION

The aggregate number of shares that this corporation is authorized to have issued is 10,000 shares. Such shares shall be of a single class and be without par value.

ARTICLE V. REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 139 Neptune Road, St. Augustine, FL 32086, and the name of its initial registered agent at such address is Clark V. Monahan.

ARTICLE VII. INCORPORATORS

The name and address of each incorporator is:

<u>Name</u>	<u>Address</u>
Clark V. Monahan	139 Neptune Road St. Augustine, FL 32086
Bonnie K. Monahan	139 Neptune Road St. Augustine, FL 32086

Executed by the undersigned at St. Augustine, Florida on the 28th day of February, 1997.


CLARK V. MONAHAN

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:

AZALEA PARK ESTATES, INC.

2. The name and address of the registered agent and office is:

CLARK V. MONAHAN
139 Neptune Road, St. Augustine, FL 32086

Having been named to 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.


CLARK V. MONAHAN
REGISTERED AGENT
DATE:

FILED
97 MAR 19 PM 2:00
TALLAHASSEE, FLORIDA