P988800039899

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

500002506945---6 -04/30/98--01091--010

SUBJECT:		CooperATIVE	Inc.		
_	(Proposed corporate name - must include suffix)				

Enclosed is an original a	and one(1) copy of the articles	of incorporation and a	check for :			
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED	밀		
FROM: Chieles L. Leeman III. Name (Printed or typed)						
FROM: Chieles L. Leeman III Name (Printed or typed) 8100 Sw 81 ST Deside - Side 210 Address						
1	MEANI, FC.	33143 State & Zip		8:54		
	305-253-30 Daytime Te	37 × \Z				

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Hospitality CoperATIVE, INC.

ARTICLE II PRINCIPAL OFFICE

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

8100 SW 81 DRIVE - Suite 210, MIANI, FC 33143

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Charles L. Leeman III 8100 SW 8150 DRIVE - Suite 210

NEAME FL. 33143 RTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Charles L. Leeman III 8150 SW 815 DRIVE - Svite 210

MT ANT, St. 33143

4/28/98 Date

(An additional article must be added if an effective date is requested.)

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

Signature/Registered Agent

Date