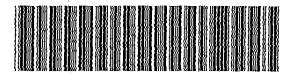
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O3 JUL -9 MH 9: 00
SECRETARY OF STATE
ALL ALLASSEE ET CHICA

J03-1265

BM 7/9

TRANSMITTAL LETTER

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

SUBJECT:	THE	OAKS	Corporation	
_	(PR)	OPOSED CORPO	DRATE NAME - MUST INCLUDE SUE	TIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75

Filing Fee &

Certificate of

Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

954-544-4377

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2003

BERNICE HERSMAN 10339 NW 3 PL CORAL SPRINGS, FL 33071

SUBJECT: THE OAKS CORPORATION

Ref. Number: W03000018565

We have received your document for THE OAKS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filings Section

Letter Number: 803A00039233

ARTICLES OF INCORPORATION

Signature/Incorporator

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME			}					
The name of the corporation shall be:	THE	FAO	5-0	ST POR	X () /	•		
	THE	OAKS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	MARAI	SPR	MAS (anpo	ratu
	177	OHNS	OF (COLINA	,		•	
ARTICLE II PRINCIPAL OFFICE The principal place of business and mai		ss of this con	oration s	shall be:				
10339 NW 3rd F	•	•		: 1				
Coral Springs, FL		11		V (
ARTICLE III PURPOSE		•		, -				
The purpose for which the corporation i				1 100	n mod	7		
To maintain the high	, quali	of of	4NG N	lerd N pa	11000			
				r				
ARTICLE IV MANNER OF ELE				j				
The manner in which the directors are e	lected or a	ppointed:		1				
volunteered				j				
				1				
				:				
ARTICLE V INITIAL DIRECTORS The name(s), address(es) and title(s):	S/OFFICE	<u>ers</u>	•	1				
	1	da A.	Koul	Æ	F	Frank	Lyne	JN
Bernice Hersman 10339 NW 3rd Place	10 T 16	o NW =	B and	10CB		246 1	o, wh	UAN A
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Coral Springs, FL 3307	Cer	nal Spr	14931	- L 914	<i>L</i>	. או יוטר	3 brings	> ,\ L J.
ARTICLE VI INITIAL REGISTE	RED AG	ENT AND	STREE	T ADDRE	SS	· i	_	
The name and Florida street address	of the regis	tered agent is	3:	ř.		ASE S	ဝိ	
Bernice Hersman	٠		_	* 			<u> </u>	
10359 NW 3rd Pla		•	-			NST I		
Coral Springs, FL:	25011					SEE C		
ARTICLE VII INCORPORATOR	. •				-			=
The <u>name and address</u> of the Incorpora						STA STA	රා	
Bernice Hersman 10339 NW 3rd Pl				,		DH S	<u> </u>	
******	_ ララ(07/	******	****	*****	******	****	
Having been named as registered agent to acce in this certificate, I am familiar with and accep	ept service o	f process for	he above					
		_		, 		Z-03	···	
Signature/Registered Agent Bernit	to Hom	SMAA	- · · · ·	$\overline{\mathbf{D}}$		<u> </u>		****
)	in the	- 11 (Jan -		200				