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

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| SUBJECT: | THE OAK | S UNITS, IN (Proposed corpora | IC . ite name - must include | c auflix) | | | | | |
|----------------|---|----------------------------------|--------------------------------------|--|--|--|--|--|--|
| | | | | | | | | | |
| Enclosed is an | 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 | \$122.50 Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate | FILED FILED SERVERS OF SECURITION OF SECURIT | | | | |
| FROM | : _Edward_1 | Ford, Presi Name | Ldent (Printed or typed) | | OF STATE OF CHARLES | | | | |
| | 101 Nor | th Pine Stı | ceet, Unit #4 Address | <u> </u> | | | | | |
| | New Smy | rna Beach, Ci | Florida 321 ty, State & Zip | .69 | | | | | |
| | | 904-42 Daytimo | 28-0708 Telephone number | AUTHORIZATION CORRECT CH | name + manner of | | | | |

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

R W

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be: THE OAKS UNITS, INC.
For convenience, the corporation shall be referred to in this instrument as the association.
The undersigned associate themselves for the purpose of forming a non-profit corporation.

ARTICLE II

Principal place of business and mailing address

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

THE OAKS UNITS, INC. P.O. Box 2043 New Smyrna Beach, Florida 32170 GENERAL S PH 2: 03

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is(xxx): For a general functioning residence to promote safety and welfare of the owners; to provide a central address, etcetera. The association shall distribute no monetary means to its officers with the exception of reimbursement of personal funds incurred for the association.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Seventy-five percent (75%) of the association owners. Each unit owner shall be entitled to one vote. Directors shall be elected at an annual meeting by the members

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows: All the common law and statutory powers of a corporation not for profit, all the powers reasonably necessary to operate the association: To make and collect liens, assessments and late charges against unit owners. To use the proceeds in the exercise of its duties and powers. To maintain, operate and reconstruct the common property. To amend reasonable regulations respecting the use of the property.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Edward Ford, President 101 N. Pine Street, Unit #4 New Smyrna Beach, Florida 32169

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Edward Ford, President 101 N. Pine Street, Unit #4 New Smyrna Beach, FL 32169

| The undersigned incorporator has executed these | Articles of Incorporation this | day of |
|---|--------------------------------|--------|
| <u>4-9</u> , 19 <u>96</u> . | | |
| | | |

Signature of incorporator:

Edward Ford Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: | |
|----|--|--------------------------------|
| | THE OAKS UNITS, INC. (must include suffix) | |
| 2 | The name and address of the registered agent and office is: Edward Ford, | President |
| | EDWARD FORD (NAME) | SECRETA SECRETA 95 APR 1 |
| | 101 N. Pine Street, Unit #4 (P.O. Box or Mail Drop Box NOT ACCEPTABLE) | S PH 2 |
| | New Smyrna Beach, Florida 32169 (CITY/STATE/ZIP) | PH 2: 03 |

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.

Edurational, Ordesident 24-9-96 (DATE)