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

\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	STOVER	(Proposed corporate name - must include suffix)	<del></del>	<del></del>	

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

\$87.50 Filing Fee

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Carolyn	Stover Name (Pr	Duggins inted or typed
FROM:	Carolyn	Name (Pr	inted or typed

7806 Niagara Avenue, Bldg #27 Address

Tampa, FL 33617

City, State & Zip

(813) 274-1310

Daytime Telephone number

NOTE: Please provide the original and one copy

## **YARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

STOVER INC.

ARTICLE II PRINCIPAL OFFICE

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

7806 Niagara Avenue, Bldg #27 Tampa, FL 33617

\_Mailing Address: P. O. Box 291601 Tampa, FL 33687-1601

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To manage and maintain rental property.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

AS STATED IN THE BY-LAWS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

7806 Niagara Avenue, Bldg #27 Tampa, FL 33617

ARTICLE VI INCORPORATOR

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

7806 Niagara Avenue, Bldg #27, Tampa, FL 33617

Signature/Incorporator 7/30/99
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.

My Artifican 7/30/99
Signature/Registered Agent Date