PORTURO 1069

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OO JAN 26 AM 9: 09 SECKETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	Four Wind	5 Massao ate name - must include suff	e Inc.	_	
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		00	00031109 -01/26/00010 *********	40 - 14401 ****78	
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 of Status		
	,	ADDITIONAL CO	PY REQUIRED	Í	
FROM: Patricia Koculos Name (Printed or typed)					
256 Lakeside Circle					
Sun risc, Fl. 333260 City, State & Zip					
Daytime Telephone number					

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

PH 2/1/2000-

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.

FILED 00 JAN 26 AM 9: 09

ARTICLE I

The name of the corporation shall be: Four Winds Massachuse

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 256 Lakes ide Circle Sunrise, Fl. 3332Lo

ARTICLE III SHARES

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

one hundred

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Patricia Kocuba 256 Lakeside Circle Sunrise, Fl. 33326

ARTICLE V INCORPORATOR

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

256 Lakeside Circle Sunrisc, Fl 333326

Signature/Incorporator

(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

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