TRASMITALIE 3200

Department of State Division of Corporations P. 0. Box 6327 Tallahassee, FL 32314

400003120484--1 -02/02/00--01039--012 *****87.50 ******87.50

Tallahassee, FL	32314	*****87.50 *****87.50
SUBJECT: Pr	POPERTY ONE DEUELOPME (Proposed corporate name - must include suffix)	NT INC.
Enclosed is an original () \$70.00 Filing Fee	ginal and one(l) copy of the articles of incorporation and a check for: () \$78.75 Filing Fee & Certificate of Status ADDITIONAL COPY REQUIRE	Tee FLST 22 dd Copy ORID 43 fficate of DR DA
FRO	OM: /-/OWARD O. //EAD Name (Printed or typed)	
	221 E GARDEN ST. SC Address	117E 7W_
	PENSACOLA V-LA 3056 City, State & zip)/
	S50 341 4323 Daytime Telephone number	

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

Articles of Incorporation

OO FINANCE STATE OF S 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

The name of the corporation shall be: Property One Development, Inc.

Article II

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

221 East Garden Street Suite 6-W Pensacola, Florida 32501

Article III

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

> One Hundred Shares (100 Shares)

Article IV

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

Howard O. Head 5001 Roland Road Pace, Florida 32571

Article V

The name and address of the incorporator to these Articles of Incorporation is;

Howard O. Head 5001 Roland Road Pace, Florida 32571

Signature of Incorporator

1/31/00

Having been named a 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 m position as registered agent.

Signature of Registered Agent

Date:

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SECHLIARY OF STATE