

P00000025922

Noel F. GRANT
Requester's Name

40 Spring Loop Circle
Address

Ocala, FL 34472
City/State/Zip Phone #

Office Use Only

FILED
00 MAR -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #) 300003160233-4
-03/07/00--01053--005
*****70.00 *****70.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

F. 01-000000

MAR 1 4 2000

ARTICLES OF INCORPORATION

of

HOPE GARDEN A.L.F., INC.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

HOPE GARDEN A.L.F., INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock, par value \$ 0.01 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	40 SPRING LOOP CIRCLE		
CITY	OCALA	FLORIDA	ZIP 34472

Mailing address, if different

STREET ADDRESS	SAME AS ABOVE		
CITY	FLORIDA	ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

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

NAME	JOSEPH T. CHANCE		
ADDRESS	2 PINE COURT PLACE		
CITY	OCALA	FLORIDA	ZIP 34472

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

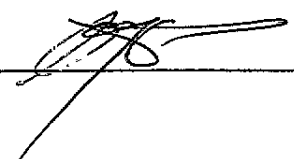
NAME	NOEL F. GRANT		
ADDRESS	40 SPRING LOOP CIRCLE		
CITY	OCALA	STATE FLORIDA	ZIP 34472
NAME	MAGNAMEE I. GRANT		
ADDRESS	40 SPRING LOOP CIRCLE		
CITY	OCALA	STATE FLORIDA	ZIP 34472
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	NOEL F. GRANT		
ADDRESS	40 SPRING LOOP CIRCLE		
CITY	OCALA	STATE FLORIDA	ZIP 34472
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 2ND day of JANUARY, 2000.

X  (Signature)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

HOPE GARDEN A.L.F., INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 40 SPRING LOOP CIRCLE

OCALA, FLORIDA 34472

has named JOSEPH T. CHANCE

located at the aforesaid address, as its registered agent to accept service of process with _____
state.

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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)

01/02/00

(Date)