

P00000030387

# ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

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

1- MAGNOLIA PARK WEST, INC.

2-

3-

4-

00 MAR 24 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

6000003182666--6

-03/24/00--01040--006

\*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
00 MAR 24 AM 10:26  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T. SMITH MAR 27 2000

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**MAGNOLIA PARK WEST, INC.**

The undersigned incorporator to the Articles of Incorporation is a natural person competent to contract and does hereby form a corporation for profit under the laws of the State of Florida.

**ARTICLE I**

**NAME**

The name of this corporation is MAGNOLIA PARK WEST, INC..

**ARTICLE II**

**TERM OF EXISTENCE**

The corporation shall have perpetual existence.

**ARTICLE III**

**NATURE OF BUSINESS**

This corporation shall have any and all powers that may be provided, authorized or permitted by law, it being the intention that this corporation shall have the right to engage in any business or activity not expressly prohibited by applicable law of the State of Florida.

**ARTICLE IV**

**CAPITAL STOCK**

The total number of shares of stock which this corporation is authorized to have outstanding at any one time is 1000 shares of common stock at \$1.00 par value.

**ARTICLE V**

**REGISTERED OFFICE AND AGENT**

The registered office of this corporation shall be located at 11050 Autumn Lane, Clermont, Florida 34711. The registered agent of this corporation at this address shall be BARBARA B.

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TALLAHASSEE, FLORIDA

FULMER. The mailing address of this corporation shall be 11050 Autumn Lane, Clermont, Florida 34711.

ARTICLE VI

BOARD OF DIRECTORS

The affairs of this corporation shall be conducted by at least one (1) director. The initial names and addresses of the Board of Directors are as follows:

<u>NAME</u>	<u>ADDRESS</u>
BARBARA B. FULMER	11050 Autumn Lane Clermont, Florida 34711

ARTICLE VII

INCORPORATOR

The name and address of the incorporator to this Certificate of Incorporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
BARBARA B. FULMER	11050 Autumn Lane Clermont, Florida 34711

IN WITNESS WHEREOF, I have executed these Articles of Incorporation in duplicate this 20<sup>th</sup> day of March, 2000 for the purpose of forming this corporation to do business both within and without the State of Florida and in pursuance of the corporation law of the State of Florida do make and file in the Office of the Department of State, of the State of Florida, these Articles of Incorporation and certify that the facts herein stated are true.

  
BARBARA B. FULMER

STATE OF FLORIDA  
COUNTY OF Lake

The foregoing instrument was acknowledged before me this 20th day of  
March, 2000, by BARBARA B. FULMER who is personally known to me or  
who has produced no as identification  
and who did (did not) take an oath.



Ellie E Wolfe  
My Commission CC600898  
Expires November 11, 2000

Ellie E. Wolfe  
(Signature of person taking acknowledgment)

ELLIE E. WOLFE  
(Name of acknowledger typed, printed or stamped)  
Notary Public, State of Florida  
My Commission expires:  
Commission No.:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First--That MAGNOLIA PARK WEST, INC. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at City of CLERMONT, County of LAKE, State of Florida, has named BARBARA B. FULMER, located at 11050 Autumn Lane, Clermont, County of Lake, State of Florida, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: Barbara B Fulmer  
BARBARA B. FULMER  
Resident Agent

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