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CORPORATE ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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Articles

West Point Real Estate Corp

(CORPORATE NAME & DOCUMENT #)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED AND FILED

(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

DEPT. OF REVENUE  
DIVISION OF CORPORATE SERVICES  
TALLAHASSEE, FLORIDA

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### 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.

#### ARTICLE I NAME

The name of the corporation shall be: WEST Point Real Estate Corp.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
10434 WEST ATLANTIC Blvd.  
CORAL SPRINGS, FL 33071

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
1,000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MARIO M Lopez  
7342 Cypress Dr.  
MARGATE, FL 33063

#### ARTICLE V INCORPORATOR

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

MARIO M LOPEZ  
7342 CYPRESS DR.  
MARGATE, FL 33063

Mario Lopez I Also hereby Accept the designation of Registered Agent  
Signature/Incorporator / Registered Agent Date 04/14/00

(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

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED