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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Enclosed is an origi	nal and one(1) copy o	of the articles of i	incorporation ar	id a check for:	•	· · -
\$70.00 Filing Fee	\$78.75 Filing Fee & Certific	e I ate	□\$122.50 Filing Fee & Certified Cop	□ \$131 Filing I V Certifie & Certi	Fee, ed Copy ificate	
FROM		E. FR Name (Printed		orn		
8 y	Ste	203-204 Addres	50 U.S	3417		
	· 1-5	City, State	19- 305	5.5	SECRETARY OF ST TALLAHASSEE, FLO	
		; ·			TATE	

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

## 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.  Of APR 20					
ARTICLE I NAME  The name of the corporation shall be:  Aprile 1 Secretary of State  TALLAHASSEE, FLORIDA					
ANCHOR Building Coop.					
ARTICLE II PRINCIPAL OFFICE					
The principal place of business and mailing address of this corporation shall be:					
4300 So. U.S. Huy \$1 ste203-204 Jug. ten, F1 33477					
ARTICLE III SHARES					
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:					
500					
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS					
The name and Florida street address of the initial registered agent are:					
Rogen E Frisch Kunt 4300 So. U.S. Hwy H 1 Ste 203-204 Jup. ten F133477					
ARTICLE V INCORPORATOR					
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:					
Rogen E Faisch Honor 11 Ste 203-204 Typ. In F1 3347-					
Payn Dusch Apr. 1 18, 2000					
Signature/Incorporator Date					
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(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