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

SUBJECT:	<u>S.</u> H	lowcase (P	PROPE roposed corpor	RTIES OF (	CENTRAL F	LORIDI	9,114
				. 6	00003244 -05/09/00 *****87.50	01096	——6 006 87.50
Enclosed is an	origina	l and one(1) copy	of the article:	s of incorporation and a	check for :		
□ \$70 Filing	0.00	\$78.75 Filing Fee & Certificate of S		S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, AFE Certified Copy & Certificate of Status	00 MAY -9 PM 1: 09	APPROVED ALLE
FROM: JOLENE C. MULLCHVAGE Name (Printed or typed)							
5188 NW 76 COURT SET 8							
	-	0CA 352	14 J Sity, S -86	FL 342 tate & Zip	18 Jassee, FL	RECEIVE	Company of the court of the cou

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

Daytime Telephone number

Will Wait

# ARTICLES OF INCORPORATION OF SHOWCASE PROPERTIES OF CENTRAL FLORIDA, INC.

The undersigned subscribers to these Articles of Incorporation hereby form a corporation under the laws of the State of Florida.

#### ARTICLE I NAME

The name of the corporation is SHOWCASE PROPERTIES OF CENTRAL FLORIDA, INC.

#### **ARTICLE II**

The address of the corporation's principal office is:

7681 N.W. U.S. HIGHWAY #27 OCALA, FLORIDA 34482

The corporation's mailing address is:

7681 N.W. U.S. HIGHWAY # 27 OCALA, FLORIDA 34482

### ARTICLE III SHARES

This corporation is authorized to have 100 shares of no par Common Stock.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOLENE C. MICILCAVAGE 5188 NW 76TH CT OCALA, FLORIDA 34482-2072

#### ARTICLE V INCORPORATOR

The name and address of the incorporator is:

#### JOLENE C. MICILCAVAGE 5188 NW 76TH CT. OCALA, FLORIDA 34482-2072

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 9th day of May, 2000

Jolene C. Micilcavage

#### CERTIFICATE OF REGISTERED AGENT

Having been named 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. 5/9/00

Dated: May 9, 2000.

Jolene C. Micilcavage

SECRETARY OF STA