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TRANSMITTAL LETTER

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

700003417987--2
-10/09/00--01010--005
*****87.50 *****87.50

SUBJECT: _Lenox Home Builders, Inc_

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ $70.00   ☐ $78.75   ☐ $78.75   ☑ $87.50
Filing Fee   Filing Fee   Filing Fee   Filing Fee,
                & Certificate of Status   & Certified Copy   Certified Copy
                                                                  & Certificate of
                                                                  Status

ADDITIONAL COPY REQUIRED

FROM: _Gloria C. Morales_

Name (Printed or typed)

_2225-23rd St S.W._

Address

Naples Fla 34117

City, State & Zip

_941-455 1622_

Daytime Telephone number

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

PH 10/9/00

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR FOR THE PURPOSE OF FORMING A
CORPORATION UNDER THE STATE OF FLORIDA BUSINESS CORPORATION
ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

LENOX HOME BUIDERS , INC

ARTICLE II

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS
CORPORATION SHALL BE:

2225 23RD ST S.W
NAPLES, FLA 34117

ARTICLE III

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS
AUTHORIZED TO HAVE OUTSTANDING AT

100 SHARES

ARTICLE IV

THE NAME AND FLORIDA STREET OF THE INITAIL REGISTERED AGENT
ARE:

GLORIA C. MORALES
2225 23RD ST S.W.
NAPLES, FLORIDA 34117

ARTICLE V

THE NAME AND ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF
INCORPORATION IS

GLORIA C. MORALES
2225 23RD ST S..W
NAPLES, FLORIDA 34117

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

SIGNATURE/INCORPORATOR DATE