TRANSMITTAL LETTER

FILED

00 NOV -6 PM 3: 14

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

	(FROFOSED CORFORA)	IE NAME - MOST INCL	ODE SUPPIA)	
Part and the second day			1 1 C	
Enclosed is an origina	al and one(1) copy of the article	s or incorporation and a	cneck for:	ſ
\$70.00	ॼ \$78.75	□ \$78.75	□ \$87. <i>5</i> 0	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
	>	112211101111111111111111111111111111111	7 1 1 TO Q 0 11 TO 2	
FROM: Christopher F. Peck Name (Printed or typed)				
Name (Printed or typed) 0000034531509				
PO. Box 414 -11/06/0001085003 *****78.75 ******78.75				
Address				
Palm Beach GARdens, FL 33418				
Halm Beach Gardens, FL 33418				
only, out want				
	404-843-	3183		

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

Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

00 NOV -6 PM 3: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Interlochen Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 414 Palm Beach GARdens, FL 33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Investments

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

VP/secretARY

Cynthia Morin Circle 5289 Sterling Lake Circle

APT. 104 Mason, OH 45040

REGISTERED AGENT ARTICLE VI

The name and Florida street address of the registered agent is:

John TURNER

2366 S.W. AlmINAR STREET

Bat st. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER F. PECK P.O. BOX 414

Palm Beach GARDENS, FL 33418

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incomorator

Date

TREASURET Carolyn Peck 600 Donaldson Light Lane Lenoir city, TN 37776