# POLOCOCOSOS 7 J. Victoria Garbacik Kopman CPA

3658 Indian Princess Road
Jacksonville, FL 32257
(904) 880-9803

May 22, 2001

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

700004341557—2 -06/05/01--01034--006 \*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is the *original* and *one copy* of the Articles of Incorporation for CLOYS PROPERTIES, INC. A check for the incorporation fee of \$78.75 is also enclosed.

Please return the copy to:

J. Victoria Garbacik- Kopman, CPA 3658 Indian Princess Road Jacksonville, FL 32257

Sincerely,

J. Victoria Garbacik-Kopman, CPA

enclosures

SECRETARY OF STATE FALLAHASSEE, FLORID,

# ARTICLES OF INCORPORATION

### CLOYS PROPERTIES, INC.

The undersigned, acting as the incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation.

ARTICLE I

**NAME:** The name of the Corporation is:

CLOYS PROPERTIES, INC.

ARTICLE II

ADDRESS: The address of the principal office is:

4928 MARINERS POINT DR., JACKSONVILLE, FL 32225

The mailing address of the corporation is:

# BOX 351023, JACKSONVILLE, FL 32235-1023

#### ARTICLE III

REGISTERED OFFICE AND REGISTERED AGENT: The street address of the initial

registered office is: 4928 MARINERS POINT DR., JACKSONVILLE, FL 32225 and the name of the registered agent is: ANTHONY B. CLOYS.

#### ARTICLE IV

**DURATION:** The Corporation shall have perpetual existence.

#### ARTICLE V

PURPOSE: The purpose of the Corporation is to engage in any lawful act or activity

for which corporations may be now or hereafter organized under the laws

of the State of Florida.

#### ARTICLE VI

**CAPITAL STOCK:** The Corporation is authorized to issue only one class of stock. The total number of shares authorized shall be 25,000 and the par value

of each share is \$1.00.

#### ARTICLE VII

**BOARD OF DIRECTORS:** The initial board of directors shall consist of member(s).

The name and mailing address of the person who is to

serve as director is:

Name:

Anthony B. Cloys

Address:

4928 Mariners Point Dr., Jacksonville, FL 32225

Name:

Pamela R. Cloys

Address:

4928 Mariners Point Dr., Jacksonville, FL 32225

#### ARTICLE VIII

**INCORPORATOR:** The name and address of the incorporator is:

Name:

Anthony B. Clovs

Address:

4928 Mariners Point Dr., Jacksonville, FL 32225

Personalli Kni Devi

The undersigned being the sole incorporator above named signs and acknowledges these Articles of Incorporation at Jacksonville, Florida on the 22nd day of May, 2001.

Incorporator

State Of Florida County Of Duval

Before me, the undersigned authority, personally appeared **Anthony B. Cloys**, who is to me well known to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Jacksonville in said County and State this 22nd day of May, 2001.

Notary Public

BARBARA J AVERY
MY COMMISSION # CC 841296
EXPIRES: Sep 17, 2002

EXPIRES: Sep 17, 2003

Fig. Notary Service & Bonding Co.

## <u>CERTIFICATE OF DESIGNATION</u> <u>REGISTERED AGENT/REGISTERED OFFICE</u>

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, office/registered agent, in the state of Florida.

1. The name of the corporation is:

<b>CLOYS</b>	PROPERTIES,	INC.
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2. The name and address of the registered agent and office is:

ANTHONY B. CLOYS

4928 MARINERS POINT DR.,

JACKSONVILLE, FL 32225

OI JUN -5 AM 9: 24
SECRETARY OF STATE
NAME AND SECRETARY OF STATE

5/25/01

#### **ACCEPTANCE**

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/Date