TRANSMITTAL LETTER

## P0100062045

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

Enclosed

300004432623--E -06/20/01--01063--010 \*\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Waconda Properties Incorporated

ed is an origina	and one(1) copy of the article	s of incorporation and	Check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Cony ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Susan K Name (Pe	Beebe		
Name (Printed of typed)				
	800 1194h Ave			
	Treasur.	e Island, State & Zip	FL 33706	
	(727	368-0151	SECR	
	Daytime T	elephone number	SECRETARY OF STATE TALLAHASSEE, FLORIDA the articles.	
N	OTE: Please provide the or	riginal and one copy (	of the articles.	

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME	
The name of the corporation shall be:	•
Waconda Properties =	Incorporated
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:  800 1194 Ave	· ·
Treusure Island, FL:	33706
•	
The purpose for which the compression is expensed in	• • • • • • • • • • • • • • • • • • • •
The purpose for which the corporation is organized is: property	investment
ARTICLE IV SHARES	
The number of shares of stock is: \( \lambda \text{.0.600} \)	
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)	O1
The name(s) and address(es):	JUN RETA
Brian Beebe	ARY ASSEI
800 119 th Ave	1,,O W
Treasure Island, FL 33706	PM 3: FLORING
ARTICLE VI REGISTERED AGENT	DE 2
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Susan K Beebe	
800 119 Sh Ave	
860 119 th Ave Treasure Island, FL 33706	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Suran K Beebe	
800 119th Aup	
Treasure Island, FL 33706	
****************************	
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act	oration at the place designated in this in this capacity
del bl	4/18/01
Signature/Registered Agent	Date

Signature/Incorporator