# Requester's Name

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CORPOR	RATION NAME(S) & DO	Office Us  CUMENT NUMBER(S), (if known)	
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NEW ]	ail out  Will wait	<u>AMENDMENTS</u>	Certificate of Status
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Do Ot	omestication ther	Dissolution/Withdrawal Merger  REGISTRATION/QUALD	FICATION
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#### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 27, 2001

MAPP 3120 SOUTHGATE AVE SARASOTA, FL 34239

SUBJECT: SOLID GROUND INVESTMENTS CORPORATION

Ref. Number: W01000014871

Solid ground

Letter Number: 301A00038717

We have received your document for SOLID GROUND INVESTMENTS CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must list the corporation's principal office and/or a mailing address in the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock **Document Specialist New Filing Section** 

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# Articles of Incorporation of

#### SOLID GROUND PROPERTIES, INC.

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

### ARTICLE I CORPORATE NAME

The name of this corporation is SOLID GROUND PROPERTIES, INC.

#### **ARTICLE II**

#### INITIAL OFFICE AND AGENT

THE PRINCIPAL ADDRESS IS THE SAME AS REGISTERED AGENT

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

F. Timothy Mapp 3120 Southgate Cr. Sarasota, FL 34239

### ARTICLE III PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of Florida.

### ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V
CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

### ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of Florida, any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

# ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

F. Timothy Mapp

Ann Fowler

## ARTICLE VIII INCORPORATORS

The name and address of the incorporators are:

F. Timothy Mapp 3120 Southgate Cr. Sarasota, FL 34239

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day of		<del>-</del> }-	,']	19 <u>00  </u>	·			,		**	. 4	$\overline{\mathcal{O}}$		_

INCORPORATOR(S):

I hereby am familar with and accept the duties and	l responsibilities of Registerd Agent.
Registered Agent/Incorporator Maff	Signature
STATE OF TOURS	· · · · · · · · · · · · · · · · · ·
On the 21st day of June me	, 2001, personally appeared before, the signer(s) of the within ey executed the same.
	Notary Public
	Residing at:  Barbara A Wilson MY COMMISSION # CC898382 EXPIRES December 27, 2003 BONDED THRU TROY FAIN INSURANCE, INC.
	My commission expires: