POIOCRASMOTALIZETES 7/2/

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 01 AUG -6 PM 1:03

SECRETARY OF STATE FALLAHASSEE FLORIDA

SUBJECT:	(PROPOSED CORPORA	TE NAME MUST INCL	ODE SÚFFIX)		
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	395 NE 281	NS (Printed or typed) Terrace ddress	00004519 -08/06/010 *****78.75		
BOCA RATON FL 33431 City, State & Zip					
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ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	
The name of the corporation shall be: GDOWNS, INC.	
	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 395 N/F 784h	
The principal place of business/mailing address is: 395 NE 28th BOLA RATON, FL 3	1cmace = ==================================
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Appraisals Property	of Residential
ARTICLE IV SHARES The number of shares of stock is:	e e e e e e e e e e e e e e e e e e e
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Greg A. Down 395 NE 28th Ten BOCA RATON, 176 3	S. race 33437
ARTICLE VI REGISTERED AGENT	
	7
The <u>name and Florida street address</u> of the registered agent is: $6 \text{ rea} \text{ A}$.	Jouns
BOCA RATION, 1	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Grea A. Lows	
395 DE 284 Terrace	2
BOCA RATON, FL 3343	1

certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	is capacity
They a	.7/31/01
Signature/Registered Agent	Date
Mig 2)	7/31/61
Signature/Incorporator	Date