Division of Corporations

# P0100086568

## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850)385-6735
Fax Number : (954)641-4192

### FLORIDA PROFIT CORPORATION OR P.A.

GABLES & GARDENS, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	_0475)
Estimated Charge	\$70.00

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#### **ARTICLES OF INCORPORATION**

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#### GABLES & GARDENS, P.A.

#### ARTICLE NAME

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Professional Service Corporation for profit under Chapter 621 of the Florida Statutes.

The name of the corporation shall be:

#### GABLES & GARDENS, P.A.

#### ARTICLE PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1801 Park Avenue South Sanford, FL 32771

#### ARTICLE DURATION

This corporation shall have perpetual existence.

ARTICLEIV PURPOSE

To engage in the practice of Landscape Architecture.

#### **ARTICLE V** CAPITAL STOCK

This corporation is authorized to issue One Thousand shares of One Dollar (\$1.00), par value common stock.

#### **ARTICLE VI** PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the

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same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

#### ARTICLE VII INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is, 1801.

Park Avenue South, Sanford, FL 32771 and the name of the initial registered agent of this corporation at that address is Charles M. Oliver.

#### ARTICLE VIII INCORPORATOR

The name and address of the Incorporator signing these Articles is:

Charles M. Oliver 1801 Park Avenue South Sanford, FL 32771

## ARTICLE IX INDEMNIFICATION

The corporation shall indemnify any officer, director, or any former officer or director, to the full extent permitted by law.

## ARTICLE X AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporation has executed these Articles of Incorporation this 30 day of August 2001

Charles M. Oliver

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STATE OF FLORIDA ) SS.

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Charles M. Oliver who produced C-Ulp-153-44-303-O as identification and to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this <u>30</u> day of <u>Quique</u> 2001.

My Commission Expires:

Maria L. Thran
Containing & CC 981227
Sig Expires Nov. 12, 2004
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(SEAL)

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## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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

1. The name of the corporation is

GABLES & GARDENS, P.A.

The name and address of the registered agent and office is:

Charles M. Oliver 1801 Park Avenue South Sanford, FL 32771

SIGNATURE Corporate officer

DATE: AUGUST 30 2001

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: \_

CHARLES M. OLIVER

DATE: <u>AULUST 30, 2001</u>

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