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SECRETARILLE STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: INVESTGROUP SERVICE CENTER CONDONINIUM ASSOCIATION, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

□ \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: INVEST FROUP

DEVEROPHENT

Name (Printed or typed)

6600 KINTSPOINTE PARKWAY

OPLANDO, FLORIDA, 32819

City, State & Zip

407 - 248 - 2626

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act. hereby adopts the following Articles of Incorporation.

<u>ARTICLE I NAME</u>

The name of corporation shall be:

INVESTGROUP SERVICE CENTER CONDOMINIUM ASSOCIATION, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6600 KINGSPOINTE PKWY ORLANDO, FL, 32819 USA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

120 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: **NORBERTO DUARTE**

272 CELEBRATION BLVD CELEBRATION, FL 34747

ARTICLE V INCORPORATOR

The name and address of the incorporator to these articles of incorporation are:
NORBERTO DUARTE
272 CELEBRATION BLVD

CELEBRATION, FL 34747

1500 Krady

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date