

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

800004706658--6 -12/05/01--01077--004 ****105.00 *****87.50

SUBJECT:		TROCK 120	•
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCLU</u>	DDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:
□ \$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
J	& Certificate of Status	& Certified Copy	Certified Copy
		^ -	& Certificate of
	1		Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Their o	n. Johns	
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Joni's Brach Rentals, Inc. ..

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

3.SMITH DEC 0 6 2001

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Joni's Beach Rentals, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
Parama City Beach, Fla. 32408
The purpose for which the corporation is organized is:
rentals long and short term.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
The name(s), address(es) and title(s): Joni M. Johns President, Secretary Treasurer BLI Hidden Island Dr Panama City Black, Fla 3240P
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
John M. Johns 312 Hidden Foland Dr Panama City Brach, Fla 304UP ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is: Son' M. Johns 312 Hidden Island Pr Panama Coty Brach Fla 32408

Signature/Registered Agent Date
12-4-01

STOCKHOLDER'S PROXY

KNOWN ALL BY THESE PRESENTS, that				
, the undersigned,				
being the owner(s) of 100% (100%) shares of Stock of Joni's Bach Rental				
a(n) Horida Corporation, do hereby constitute and appoint Isnim Johns				
whose address is 312 Headen Island Or , in the City of Farance of to ride, my (our) true and lawful Attorney-In-Fact, for and in				
City of fanunality State of Florida, my (our) true and lawful Attorney-In-Fact, for and in				
my (our) name, place and stead, to vote upon the Stock owned by me (us), or standing in my (our) name,				
as my (our) PROXY at the Meeting of the Stockholders of said Corporation, to be held at 312 thomas On, in the City of Parauna City Brach, State of				
Clorida Decaron Lyn, 2001 (year), at the hour of / o'clock p.m., or				
such other day and time as the meeting may be thereafter held by adjournment or otherwise according the				
number of votes now, or may then be entitled to be voted, hereby granting said Attorney-In-Fact full				
power and authority to act for me (us) and in my (our) name at the meeting or meetings in the transaction				
of such other business as may come before the meeting, as fully as I (we) could do if personally present,				
with full power of substitution and revocation, hereby ratifying and confirming all that my (our) said				
Attorney-In-Fact or substitute may do in my (our) place, name and stead.				
This Proxy is to continue in full force until Occambro 31, 2003(year), but				
may be revoked at any time by notice thereof in writing, filed with the Secretary of the Corporation.				
IN WITNESS WHEREOF, I (WE) have hereunto set my(our) hand(s) and seal this				
day of Occamber 2001 (year).				
Some - Some				
COUNTY OF BOY				
· ·				
On DECEMBER 4, 2001 before me, Joseph M. Johns DEBBIE, BROOME				
personally appeared Joni M. Johns				
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the				
same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the				
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my				
hand and official seal.				
Signature Leului Browne Affiant Known Produced ID				
Notary Public ID Produced J. Ap. 1 72 # 51 520 43360-886				
DEBBIE BROOME (Seal)				
Notary Public - State -				
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