

TRANSMITTAL LETTER

P020000/0063

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

400004788964--3
-01/22/02--01093--014
*****78.75 *****78.75

SUBJECT: _____
(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
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: OWEN TRACEY
Name (Printed or typed)

348 SUMMERVILLE LANE.
Address

SANFORD, FL. 32771
City, State & Zip

407.328-1186
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN 22 PM 1:12

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

fc

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JUN 22 PM 1:12

ARTICLES OF INCORPORATION
OF
DEVON SHIELD SHOPPING CENTER INC.

The name of the corporation shall be: DEVON SHIELD SHOPPING CENTER Inc

The principal place of business : 348 Summerville Lane. Sanford.Fl.32771

The purpose of the corporation : Management of the shopping center.

The number of shares of stocks : 200

The names of the officers : President

SECRETARY:

TREASURER: OWEN TRACEY
348 Summerville Lane
Sanford.Fl. 32771

The name and address of registered agent: OWEN TRACEY.348 Summerville Lane
Sanford. Fl. 32771

The name and address of incorporator : OWEN TRACEY. 348 Summerville Lane.
Sanford.Fl. 32771

Having been named as registered agent to accept service of process for
the above stated corporation at the place designated in this certificate
I am familiar with and accept the appointment as registered agent and agree
to act in this capacity.

SIGNATURE: *Owen Tracey*
Registered Agent

Signature: *Owen Tracey*
Incorporator