

# P02000033939

## TRANSMITTAL LETTER

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

SUBJECT: Karrington Management, Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50

William Oleyar  
Name

EFFECTIVE DATE

4-1-02

P. O. Box 561657  
Address

Orlando, FL 32856-1657  
City, State, & Zip

Telephone Number (407) 425-0507

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28 AM 10:32

FILED

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-01/14/02--01032--017  
\*\*\*\*122.50 \*\*\*\*78.75

Art VII  
01-01-02

Note: Additional copy of articles is needed only when certified copy is requested.

W02-1803

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3/28



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 22, 2002

LAWRENCE T. VANCE CPA PA  
2100 WEST STATE RD 434  
STE 1040  
LONGWOOD, FL 32779

SUBJECT: KARRINGTON MANAGEMENT, INC.  
Ref. Number: W02000001803

We have received your document for KARRINGTON MANAGEMENT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 502A00003135

ARTICLES OF INCORPORATION

OF

Karrington Management, Inc.

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

EFFECTIVE DATE  
4-1-02

02 MAR 28 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLE I NAME

The name of the corporation shall be:

Karrington Management, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2337 E. H. Pounds Drive  
Ocoee, FL 34761

ARTICLE III CAPITAL STOCK

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

One Thousand (1000) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Carlos Serpa  
2337 E. H. Pounds Drive  
Ocoee, FL 32750

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Carlos Serpa - President, Secretary, Treasurer  
2337 E. H. Pounds Drive  
Ocoee, FL 32750

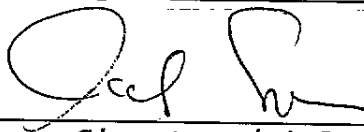
ARTICLE VI BUSINESS PURPOSE

The business purpose shall be any and all business conducted pursuant to the rules and regulations of the State of Florida. Specifically: Management of real estate.

ARTICLE VII EFFECTIVE DATE OF CORPORATION

The effective beginning date of the corporation is to be APRIL 1, 2002.

The undersigned has(have) executed these Articles of Incorporation this 17th day of December, 2001.

 President  
\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title


\_\_\_\_\_  
Signature/Title

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:  
Karrington Management, Inc.
2. The name and address of the registered agent and office is:

Carlos Serpa  
2337 E. H. Pounds Drive  
Ocoee, FL 32750

Signature   
Corporate Officer

Title President

Date 1-6-2002

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

1-6-2002  
Date

REGISTERED AGENT FILING FEE: \$35

FILED  
02 MAR 28 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA