

# P02000035913

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March 27, 2002

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-03/28/02--01055--011

\*\*\*\*122.50 \*\*\*\*

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 MAR 28 AM 8:30

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

RE: BEACHCOMBER TCF, INC.

Dear Sir:

Enclosed for filing are original Articles Of Incorporation, Appointment Of Registered Agent, and Certificate Designating Place Of Business, along with my check in the amount of \$122.50 representing the following:

Filing Fee-----	\$ 35.00
Certified Copy-----	52.50
Registered Agent Designation-----	<u>35.00</u>

TOTAL-----\$122.50

Please forward a certified copy to me at your earliest convenience in the enclosed express mail overnight envelope.

Very truly yours,



LEONARD H. BAIRD, JR.

LHB/rpe  
Enclosures  
Express Mail Delivery

(C)

4-3-02  
(7)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28 AM 8:30

ARTICLES OF INCORPORATION

OF

BEACHCOMBER TCF, INC.

ARTICLE I - NAME

The name of this corporation is BEACHCOMBER TCF, INC.,  
and its principal office and mailing address is:

11715 Lake Clair Circle, Clermont, Florida 34711.

ARTICLE II - DURATION

This corporation shall exist perpetually.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of  
transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 500 shares of  
common stock having a par value of \$10.00.

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale of any new stock of this  
corporation of the same kind, class or series as that which he  
already holds, shall have the right to purchase his prorata  
share thereof (as nearly as may be done without issuance of  
fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is: 11715 Lake Clair Circle, Clermont, Florida 34711. The name of the initial Registered Agent of this corporation at that address is: DAVID ALLEN.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 3 directors initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than 3 or more than 5. The names and addresses of the initial directors of this corporation are:

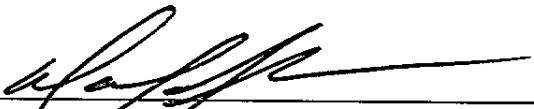
DAVID ALLEN-President	11715 Lake Clair Circle Clermont, Florida 34711
NILS ERICKSON-Vice President	7023 South Atlantic Avenue New Smyrna Beach, Florida 32169
ERIC CLAWGES-Secretary	P. O. Box 560131 Montverde, Florida 34756

ARTICLE VIII - INCORPORATORS

The names and addresses of the persons signing these Articles are:

DAVID ALLEN-President	11715 Lake Clair Circle Clermont, Florida 34711
NILS ERICKSON-Vice President	7023 South Atlantic Avenue New Smyrna Beach, Florida 32169
ERIC CLAWGES-Secretary	P. O. Box 560131 Montverde, Florida 34756

IN WITNESS WHEREOF, the undersigned subscribers have  
executed these Articles Of Incorporation this 8 day of  
March, 2002.

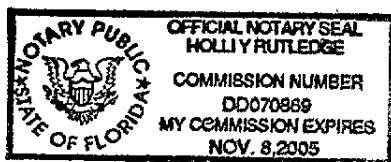
  
\_\_\_\_\_  
DAVID ALLEN

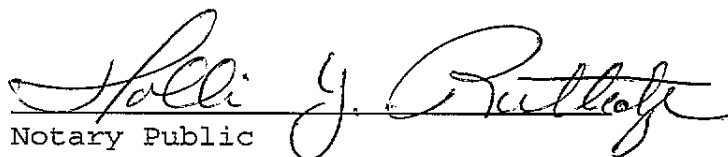
  
\_\_\_\_\_  
ERIC CLAWGES

STATE OF FLORIDA )  
                              : SS.  
COUNTY OF LAKE    )

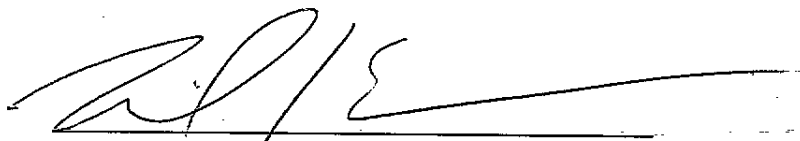
BEFORE ME, a Notary Public duly authorized to take  
acknowledgments in the State and County named above, personally  
appeared DAVID ALLEN and ERIC CLAWGES, known to me and known by  
me to be the persons who executed the foregoing Articles Of  
Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
my official seal in the State and County named above this 8<sup>th</sup>  
day of March, 2002.



  
\_\_\_\_\_  
Notary Public

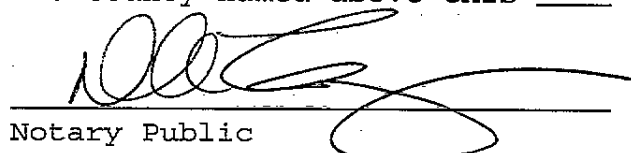
IN WITNESS WHEREOF, the undersigned subscribers have  
executed these Articles Of Incorporation this 21 day of  
March, 2002.

  
NILS ERICKSON

STATE OF FLORIDA )  
: SS.  
COUNTY OF VOLUSIA)

BEFORE ME, a Notary Public duly authorized to take  
acknowledgments in the State and County named above, personally  
appeared NILS ERICKSON, known to me and known by me to be the  
person who executed the foregoing Articles Of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
my official seal in the State and County named above this 21  
day of March, 2002.

  
Notary Public



Deborah A. Gayson  
Commission # DD 054697  
Expires Sep. 4, 2005  
Bonded Thru  
Atlantic Bonding Co., Inc.

STATE OF FLORIDA  
DEPARTMENT OF STATE

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

First that BEACHCOMBER TCF, INC., a corporation duly organized and existing under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Clermont, County of Lake, State of Florida, has named DAVID ALLEN, located at 11715 Lake Clair Circle, Clermont, Florida 34711, City of Clermont, State of Florida, as its agent to accept service of process within this state.

OFFICERS:   AFFIX TITLES:  
                  NAME:

SPECIFIC ADDRESS:

DAVID ALLEN-President

11715 Lake Clair Circle  
Clermont, Florida 34711

NILS ERICKSON-Vice President

7023 South Atlantic Avenue  
New Smyrna Beach, Florida 32169

ERIC CLAWGES-Secretary

P. O. Box 560131  
Montverde, Florida 34756

BY: 

DAVID ALLEN  
Corporate Officer

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above state corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

BY: 

DAVID ALLEN  
Resident Agent

APPOINTMENT OF REGISTERED AGENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28 AM 8:32

The Division of Corporations of the Department of State uses the following form to designate the registered agent.

Certificate Designating Place of Business or Domicile for the Service of Process within Florida, Naming Agent Upon Whom Process May Be Served.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First-BEACHCOMBER TCF, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at City of Clermont, State of Florida, has named DAVID ALLEN, located at 11715 Lake Clair Circle, Clermont, Florida 34711, as its agent to accept service of process within Florida.

Signature: \_\_\_\_\_

DAVID ALLEN  
Corporate Officer

Title: President

Date: March 8, 2002

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature: \_\_\_\_\_

DAVID ALLEN  
Resident Agent

Date: March 8, 2002