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TRANSMITTAL LETTER

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

100005506061--9 -05/13/02--01051--017 *****78.75 *****78.75

SUBJECT: L & H Property Management Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Miranda Hitchcock Name (Printed or typed) 974 Miracle Way Address		92 MAY 13 SECRETARY TALLAHASSE	
-	Rockledge, FT. City, (321)632-	-	LED 13 M 9: 54 TOF STATE SEE, FLORIDA
-	Daytime T	elephone number	

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

00 / 16/02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

02 MAY 13 AM 9: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

L & H Property Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

974 Miracle Way Rockledge, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property management and development

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of Common Stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Miranda Hitchcock - Pres 974 Miracle Way Rockledge, FL 32955 Leslie Hitchcock - VP 2942 Bradford Street St. Augustine, FL 32095 Carolyn Larson - Asst VP 2850 Bradford Stret St. Augustine, FL 32095

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Miranda Hitchcock 974 Miracle Way Rockledge, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Miranda Hitchcock 974 Miracle Way Rockledge, FL 32955

Signature/Registered Agent

Signature/Incorporator

Manual as registered agent to accept service of process for the above stated corporation at the place design certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Date

Date