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Requester's Name	THE THE STATE OF T
Address	992-3835
der's LINDA HNDRE (S Phone 941	992-8835 
pany C. J. COMMUNITIES	
ress 3645 BONITA BEACH RD STE 3	Office Use Only
PENITA SPRINGS State FL ZIP 3	তিনুদ্রমিক্রার্টার্মেনিক্রার্টার্মেনিকর (S), (if known):
1. (Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #) 800067560583 -07/30/0201031007 ******78.75 ******78.75
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy_
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2002

LINDA ANDREIS 3645 BONITA BEACH RD. STE 3 BONITA, FL 34134

SUBJECT: FOUR MILE COVE, INC.

Ref. Number: W02000022047

We have received your document for FOUR MILE COVE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6965.

Shannon Elliott Document Specialist New Filing Section

Letter Number: 602A00046133

8/6

Florida Department of State Divisions of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Subject: Four Mile Cove, Inc.

Dear Ms. Elliott:

Per our phone conversation on August 5, please follow through with the enclosed application. It was rejected for having a repeated name (Four Mile Cove, Ltd.) Please note that Four Mile Cove, Ltd. is also owned by us and we would like to continue with Four Mile Cove, Inc. as well.

Thank you for your help on this matter.

Sincerely,

Linga Andreis

Administrative Director

## ARTICLES OF INCORPORATION

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LORIDA Florida ZIP 34133
OF DIRECTORS
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### ARTICLE VII - INCORPORATORS

NAME Gregory A. Erdman		Incorporation are	
ADDRESS P.O. BOX 369		· · · · · · · · · · · · · · · · · · ·	5
cmy Bonita Springs		<u></u>	
NAME Joshua J. Tuyls	STATE	Florida	ZIP 34133
ADDRESS P.O. Box 369		3 2	
CHY Bonita Springs			
NAME:	STATE	Florida	ZIP 34133
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Try		: <u>4"</u> (667)	<u> </u>
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### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

#### CERTIFICATE OF REGISTERED AGENT

OF

ASE Four Mile Cove, Inc.	02 AI	المالية
(name of corporation)	JG 6	
EE, FLORI	MH 10: 2	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted		
The above corporation, desiring to organize under the laws of the State of Florida with	1	
its registered office as indicated in the Articles of Incorporation		

Bonita Springs, Florida 34134

has named <u>Gregory A. Erdman</u>
located at the aforesaid address, as its Registered Agent to accept service of process

located at the aforesaid address, as its Registered Agent to accept service of proce within this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Morida Law in keeping open said office.

rkgisfered agent)