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Clay County Investments, Inc. 5899 White Sands Rd. Keystone Heights, FL 32656

January 15, 2003

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

Please find enclosed the required documents to incorporate the business known as Clay County Investments, Inc. in the State of Florida.

I have included two(2) original sets of the Articles of Incorporation, Transmittal Letter, Certificate of Designation/Registered Agent/Registered office.

If there are any errors or if you need any additional information, please contact me at:

North Florida Management Systems, Inc. 795-C Blanding Blvd.
Orange Park, FL 32065
904/272-3382

Regards,

L. B. Laye, Jr.

for

Clay County Investments, Inc.

2003 JAN 21 AN 10: 23

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#### ARTICLES OF INCORPORATION

FILED

OF

2003 JAN 21 AN 10: 23

CLAY COUNTY INVESTMENTS, INC. 11 A 14 SUEL FLORISA

The undersigned subscriber of these Articles of Incorporation, a natural person competent to contract, hereby acts as an incorporator to form a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation.

#### ARTICLE I. NAME

The name of the corporation is CLAY COUNTY INVESTMENTS, INC.

#### ARTICLE II. COMMENCEMENT OF EXISTENCE

The existence of the corporation will commence on JANUARY 1, 2003, or the earliest date available.

#### ARTICLE III. PURPOSE

This corporation may engage in any activity or business permitted under the laws of the United States and Florida.

### ARTICLE IV. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

#### ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered agent and office of the corporation is 5899 WHITE SANDS RD. KEYSTONE HEIGHTS, FL 32656. The name of the initial registered agent at that address is DAVID ALLISON. The signature of DAVID ALLISON as incorporator of CLAY COUNTY INVESTMENTS, INC. indicates that he accepts the duties and obligations of the position of registered agent.

#### ARTICLE VI. INITIAL BOARD OF DIRECTORS

This corporation shall initially have one director. The number of directors may be either increased or diminished from time to time, as provided by the By-Laws. The

names and addresses of the members of the first Board of Directors are:

Chairman of the Board

DAVID ALLISON KEYSTONE HEIGHTS, FL

#### ARTICLE VII. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office and mailing address of this corporation is: 5899 WHITE SANDS RD.
KEYSTONE HEIGHTS, FL 32656

## ARTICLE VIII. INCORPORATOR

The name and address of the incorporator signing these Articles of Incorporation is: DAVID ALLISON 5899 WHITE SANDS RD. KEYSTONE HEIGHTS, FL 32656. The incorporator of the corporation assigns to this corporation the rights under section 607.161, Florida Statutes, to constitute a corporation, and he assigns to those persons designated by the Board of Directors any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date existence begins.

#### ARTICLE IX. AMENDMENTS

This corporation reserves the right to amend, alter, change or repeal any provisions contained in these Articles of Incorporation or any amendment hereto and any right conferred upon a shareholder is subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation, this 15TH DAY OF JANUARY 2003.

DAVID ALLISON

## FILED

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE 2003 JAN 21 AM 10: 23

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: CLAY COUNTY /UVESTUENTS /NC.
2. The name and address of the registered agent and office is:
Davis Accison
(NAME)
5899 WHITE SANDS RD.
(P.O. BOX <u>NOT</u> ACCEPTABLE)
KEYSTONE HEIGHTS, FL 32656
(CITY/STATE/ZIP)
with the control of the second control of the contr
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