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| (Re                                     | questor's Name)   |           |
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## TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

| SUBJECT:             | PERSON ENTERE                                    | ox broup, in   | <b>.</b>   |
|----------------------|--|--|--|
|                      | (PROPOSED CORPORA                                | FE NAME – <u>MUST INCLU</u>                          | IDE SUFFIX)  |
| Enclosed are an orig | ginal and one (1) copy of the arti               | cles of incorporation and                            | a check for:   |
| \$70.00 Filing Fee   | \$78.75<br>Filing Fee<br>& Certificate of Status | □ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM:                | Kirsten L. Bar                                   | CAhors H   |  |
|                      | 175 SAWMELL                                      | LARES BLVO.  |  |
|                      | Ponte Ve   | DRA BEACH, FL  | 32082  |
|                      | 904-   | 285-0325   |  |
|                      | Dayillile i                                      | Ciebuone uminoer                                     |  |

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

| ARTICLE I NAME  |  |
|---|--|
|   | Caron In                                 |
| The name of the corporation shall be:  The LENOX  | GKOOP, IN                                |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 175 SAWMILL LAKES BLVD.                |  |
| The principal place of business/mailing address is: 175 SAWMILL LAKES BLVD.  Ponke Ve dru Beach, FL 320                 | 85                                       |
| ARTICLE III PURPOSE   |  |
| The purpose for which the corporation is organized is: The corporation is fine a profest,                               | i for Mis                                |
| ARTICLE IV SHARES   | v v 44                                   |
| The number of shares of stock is:   |  |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):                                 | TI                                       |
| 175 Sawnell Laker Blvd.   | Re IT                                    |
| Ponte Ve dra Beach, FL 32082  | YOF STATE                                |
| ARTICLE VI REGISTERED AGENT   |  |
| The <u>name and Florida street address</u> of the registered agent is:  Donulco Bankors + Jr                            | ,  |
| Justsmille, FC 32216  |  |
| ARTICLE VII INCORPORATOR  |  |
| The name and address of the Incorporator is:  |  |
| The <u>name and address</u> of the Incorporator is:  Kisten Barnhast  175 Summill Laker Blud  Punk Veda Beach, FL 32082 |  |
| Punk Veda Beach, FL 5208 C  |  |
| **************************************  | ***************<br>ace designated in thi |
| certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity        |  |
| De Toll   | /3                                       |
| Signature/Registered Agent DONALD BARNHORIT JR. Date  |  |

Signature/Incorporator