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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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10/21/03--01055--022 **78.75

03 OCT 20 AMIN: 2: SEURETARY OF STAT ALLAHASSEE, FLORI DATE 10/15/03

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

| Re: | HIS | Homes, | Inc. | • | | Inc | |
|-----|-------------|-------------|-------------|---|---|------|---|
| | | (Name of Co | orporation) | | , | 1110 | • |

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Henry A. Shaw Henry A. Shaw

(Name of Corporation)
HIS Homes, Inc.

| MAIL | ING ADDRESS OF CO | ORPORATION — |
|-----------|---|--------------|
| | P.O. Box 1869 | |
| | Onverness, F | L. 34451 |
| | PHONE | • |
| (0.50) | , | |
| (352) | 854-0391 | |
| Area Code | Number | Ext. |

ARTICLES OF INCORPORATION

of

HIS Homes, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

| | ARTICLE I - CORPORATE NAME | | | For. | 0 | |
|---------------------------------------|----------------------------|-------|----------------|--------|---------|-----|
| The name of the corporation is: | HIS Homes, Inc. | . ' | | CRET | 3 OCT (| -17 |
| | | | - - | NRY OF | O AH | LED |
| | ARTICLE II - DURATIO |)N | | Fs | | |
| This corporation shall exist perpetua | | ORIDA | 28 | | | |

▶ ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1.000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

| STREET ADDRESS | 51. SW 145th Street | | |
|-----------------|---------------------|---------|-----------|
| CITY | Ocala | FLORIDA | ZIP 34473 |
| Mailing address | , if different | | |
| STREET ADDRESS | P.O. Box 1869 | **** | |
| CITY | Inverness | FLORIDA | ZIP 34451 |

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

| NAME | Henry A. Shaw | | |
|---------|--------------------|---------|-----------|
| ADDRESS | 51 SW 145th Street | | • |
| CITY | Ocala | FLORIDA | ZIP 34473 |

| ddresses of the | initial director(s) of the corporation are as | follows: | | | |
|-----------------|---|-------------------|---------------|-------|------------|
| NAME | Henry A. Shaw | | | | |
| ADDRESS | 51 SW 145th Street | - | | | |
| CITY | Ocala . | STATE | Florida | ZIP | 34473 |
| NAME : | Inez A. Shaw | | | | |
| ADDRESS | 51 SW 145th Street | | | | |
| CITY | Ocala | STATE | Florida | ZIP | 34473 |
| NAME | | | | | |
| ÁDDRESS | · | | | | |
| CITY | | STATE | | ZIP | |
| ADDRESS CITY | 51 SW 145th Street Ocala | STATE | Florida | ZIP | 34473 |
| NÀME | Henry A. Shaw | | | | |
| CITY | Ocala | STATE | Florida | ZIP | 34473 |
| NAME | Inez A. Shaw | | | | |
| ADDRESS | 51 SW 145th Street | | | 1 | |
| CITY | Ocala | STATE | Florida | ZIP | 34473 |
| NAME | | | | | |
| ADDRESS | | | | | |
| CITY | | STATE | | ZIP | • |
| he undersign | ed incorporator(s) have executed these | Articles of Incor | poration this | 15th | |
| | • | XX 2003 | | | |
| ay of | | | | | |
| ay of | | Henry 1 | 1. Show | | (Signature |
| ay of | | Seny & | 1. Show | ····· | (Signature |

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

| • | (| name of corpo | ration) | | |
|------------------|--------------------------|------------------|--------------------|--------------------|---|
| | | | | | |
| , | | | | | |
| Pursuant to Flor | ida Statutes Sections 4 | 8.091 and 607 | .0501, the follow | ving is submitted | i: |
| The above corpo | oration, organized unde | er the laws of t | the State of Flori | da with its regist | ered office |
| s indicated in t | ne Articles of Incorpor | | | | |
| ıt | 51 SW 145th S | | | | . = |
| | Ocala, FL. | 34473 | | | . , |
| nas named | Henry A. Shav | V | | | |
| State. | mad an madatawad a cam | t and to occur | | | 3 OCT 20 AM 11: 28 SECRETARY OF STATE ALLAHASSEE, FLORIDA |
| - | med as registered agen | _ | _ | | |
| | ne place designated in t | | | | |
| _ | agree to act in this cap | - | | _ | |
| _ | to the proper and com | - | - | s, and I am famil | iar with |
| and accept the c | bligations of my positi | ion as register | ed agent. | | |
| .41 | 4 11. | | 0 1 1 | (a a | _ |
| | | | * 1 L 1 | | |