

PD4000 119112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

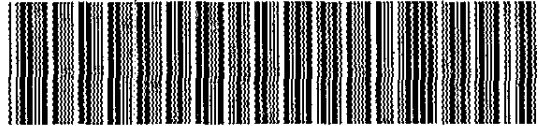
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

**SUBJECT:** The Best of Flamingo Homes Inc.  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Elizabeth A. Schempp  
Name (Printed or typed)  
3320 Lake Overlook Place  
Address  
Lantana, FL 33462  
City, State & Zip  
561-304-2777  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: The Best of Flamingo Homes Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 3320 Lake Overlook Place  
Lantana, FL 33462

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sales of Modular Homes.

**ARTICLE IV SHARES**

The number of shares of stock is: 50

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):

Elizabeth A. Schempp / President  
3320 Lake Overlook Place  
Lantana, FL 33462

**ARTICLE VI REGISTERED AGENT**

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

Elizabeth A. Schempp  
3320 Lake Overlook Place  
Lantana, FL 33462


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

President  
Elizabeth A. Schempp  
3320 Lake Overlook Place  
Lantana, FL 33462

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

08/11/04

Date

08/11/04

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA