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Division of Corporations

SAXON, GILMORE

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FLORIDA PROFIT CORPORATION OR P.A.

DAKOTA GP, INC.

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SAXON, GILMORE

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**ARTICLES OF INCORPORATION
OF
DAKOTA GP, INC.
a Florida for Profit Corporation**

**ARTICLE I
NAME OF CORPORATION**

The name of this corporation is **Dakota GP, Inc.** (hereinafter called the "Corporation").

**ARTICLE II
PRINCIPAL OFFICE**

The street address of the principal place of business and mailing address, if different, of the Corporation are:

430 South Hartsell Avenue
Lakeland, Florida 33815

**ARTICLE III
CORPORATE PURPOSE**

The general nature of the business and objects to be transacted, promoted or carried on are to do any and all of the things hereinafter mentioned as fully and to the same extent as natural persons might or could do, to-wit:

(a) to provide and develop affordable housing opportunities to low and moderate income persons and/or families primarily located in, but not limited to, Lakeland, Florida, and the surrounding areas; and

(b) in general, to have and exercise any other powers conferred by the laws of the State of Florida upon corporations generally, it being hereby expressly provided that the enumeration of specified powers shall not be held to limit or restrict in any manner the general powers of the Corporation.

**ARTICLE IV
AUTHORIZED STOCK**

The aggregate number of shares which this Corporation shall be authorized to issue is SEVEN THOUSAND FIVE HUNDRED (7,500) shares of common stock with a par value of One Dollar (\$1.00) per share, and the initial Stockholder of this Corporation is POLK COUNTY HOUSING, INC., a Florida not-for-profit corporation, which shall be issued FIVE HUNDRED (500) shares of said common stock. This Corporation shall not have the authority to issue shares in series.

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**ARTICLES OF INCORPORATION OF
Dakota GP, Inc., a Florida for Profit Corporation
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**ARTICLE V
INITIAL BOARD OF DIRECTORS**

The affairs of the Corporation shall be conducted by a Board of Directors composed of not less than one (1) person, who need not be a Stockholder. The Bylaws of the Corporation shall set forth the manner of election of the Directors of the Corporation and the number of Directors may be increased or decreased from time to time as set forth in said Bylaws, but shall never be less than one (1) person and none of the Directors need be Stockholders.

**ARTICLE VI
INITIAL REGISTERED AGENT**

The name and address of the initial registered agent are:

BERNICE S. SAXON, ESQUIRE
Saxon, Gilmore, Carraway, Gibbons, Lash & Wilcox, P.A.
201 E. Kennedy Blvd., Suite 600
Tampa, FL 33602

**ARTICLE VII
INCORPORATOR**

The name and address of the incorporator are:

BERNICE S. SAXON, ESQUIRE
Saxon, Gilmore, Carraway, Gibbons, Lash & Wilcox, P.A.
201 E. Kennedy Blvd., Suite 600
Tampa, FL 33602

**ARTICLE VIII
PERIOD OF DURATION**

The duration of the Corporation's term of existence shall be perpetual.

IN WITNESS OF THE FOREGOING, I have hereunto set my hand and seal this 19th day of August, 2004, for the purposes of forming this Corporation under the laws of the State of Florida, and I hereby make and file in the Office of the Secretary of State of the State of Florida these Articles of Incorporation and certify that the facts herein stated are true.


BERNICE S. SAXON, Esq., Incorporator

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**ARTICLES OF INCORPORATION OF
Dakota GP, Inc., a Florida for Profit Corporation
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STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 19th day of August, 2004, by
BERNICE S. SAXON.


Notary Public - State of Florida

Serial Number (if any):

My Commission Expires



Joanne L. Fomuke
MY COMMISSION # DD053399 EXPIRES
October 7, 2005
BONDED THROUGH FARM INSURANCE, INC.

Personally Known ☒ / OR Produced Identification _____
Type of Identification Produced _____

ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT 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 RELATED 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: _____

BERNICE S. SAXON, ESQ.
(REGISTERED AGENT)

DATE:

August 19, 2004

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