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TRANSMITTAL LETTER

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

SUBJECT:	CPROPOSED CORPORAT	nagement of TENAME-MUSTINCE	UDE SUFFERS MO, Inc
Enclosed are an ori	ginal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: _	Claudia.	A. Fort	<u></u>
	Gainesui, City,	S.W. 85th Address	Way 32608
	City, (352) Daytime To	State & Zip 380 - 960 elephone 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: Suite USA Management of OK/MO, Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4422 SW 857 Way Gainesville, FL 32608 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Apartment Management ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Claudio A. Fart 4422 SW 85 Way Bainesville, FL 22608 David H. Fort, CEO 4422 SW 85 thay Gainesville, FL 32608 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: David H. Fort 4422 SW 85th Way Gamisville, FL 32608 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: Claudia A. Fort 4422 S.W 85 th Way Gaines ville, FL 32608 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, am familiar with and accept the appointment as registered agent and agree to act in this capacity Signature/Registered Agent

Signature/Incorporator