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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

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

E NAME – <u>MUST INCL</u>	IIDE SHEFIX)
	<u>oba oction</u>
es of incorporation and	l a check for:
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL CO	
rinted or typed)	
dress	
ephone number	-
	Filing Fee & Certified Copy

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)

FILED 05 DEC -2 AM 8: 27

ARTICLE I NAME

ار بند

The name of the corporation shall be:

Schenck Properties , INC

SECRETARY OF STATE TALLAHASSEE. FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8409 night owl ct. new port richey, fl. 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: professional corporation

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):

Hector J. Schenck 8409 night owl ct. New port Richey, FL. 34655 President Hector B. Schenck 1510 espanola ave Holly Hill , Fl. 32117 Tresurer

Cathy Schenck 8409 night owl ct. New Port Richey, Fl. 34655 Secty.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Hector J. Schenck 8409 Night Owl Ct. New Port Richey, Fl. 34655

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hector J. Schenck 8409 Night Owl Ct. New Port Richey, Fl. 34655

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

int I Shut

Signature/Registered Agent HECTOR J. SCHENCK

Signature/Incorporator Kecron T. Schence

. 11-30 -05

Date