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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (radioss) | | | | |
| (Cit | ty/State/Zip/Phone # | ‡) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness 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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COVER LETTER

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

\$70.00

SUBJECT: FOLDEN RENTAL PROPERTY OF STANDIFER DR., INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$78.75

\$87.50

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

\$78.75

| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status |
|------------|------------------------------------|--------------------------------|----------------------------------------------------|
| | | ADDITIONAL CO | |
| | | | |
| FROM: FC | DLDEN RENTAL PROPER | | R., INC. |
| | Name | (Printed or typed) | |
| | 1902 SE CAMILO STREE | T | |
| _ | | Address | |
| _ | PORT ST LUCIE, FL 3495 | | |
| | City, | State & Zip | |
| <u>(</u> | 772) 380-0554 Daytime T | 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:

FOLDEN RENTAL PROPERTY OF STANDIFER DR., INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1902 SE CAMILO STREET PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RENTAL PROPERTY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JEFFREY FOLDEN - PRESIDENT & TREASURER GERALDINE FOLDEN - VICE-PRESIDENT & SECRETARY 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952

ARTICLE VI REGISTERED AGENT

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

JEFFREY FOLDEN 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JEFFREY FOLDEN 1902 SE CAMILO STREET PORT ST LUCIE, FL 34952

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 | | |

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