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COVER LETTER

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

SUBJECT: FLO	RIAA FINESSE VAL	ATION HOMES	INC.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
Thing I'cc	& Certificate of Status	& Certified Copy	Certified Copy
	Colimento di Suntas	a common copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	PETER O'BRIEN		
FROM:			
	Name	(Printed or typed)	
	8016 TIBET I	BUTLER DRI	VE
		Address	
	WINDLEMERE	FLORIDA 3	4786
	City	, State & Zip	
	407 36	1 7057.	
	Daytime '	Felephone number	

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

n compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME FIL	ED
The name of the corporation shall be:	DM 2. 10
FLORIDA FINESSE VACATION HOMES INC. SECRETARY TALLAHASSE	OF STATE E. FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
8016 TIBET BUTLER ORIVE	
WINDERMER PLORION 34786	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
PROPERTY MANAGEMENT	
ARTICLE IV SHARES	
The number of shares of stock is: /00	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
PETER D'BRIEN - CHIEF EXECUTIVE OFF	æe
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
RETER O'BRIEN	
BOIG TIBET BUTTLE DRIVE	•
WINDERMERE FLORIDA 34786	>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
PETER O'BRIEN	
BOILD TIBLET BUTZLER ORIVE	
MUNITED NAME OF THE SECTION	