

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

4 seasons house checking, inc.

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Help

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PAGE 01/04

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ARTICLES OF INCORPORATION

OS QOO DE VED SECRETARY DE STATE DIVISION OF CORPORATIONS

OF

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4 SEASONS HOUSE CHECKING, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

4 SEASONS HOUSE CHECKING, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, State of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation is:

102 TRANQUILLA DRIVE PALM BEACH GARDENS FL 33418

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares common stock having \$1.00 par value.

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Unless otherwise stated in these articles, or in an amendment to these articles, these shall be only one (1) class of stock of this corporation.

ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

ROBERT A. HENRY 8411 W OAKLAND PARK BLVD SUITE 201 SUNRISE FL 33351

ARTICLE VII

The name and address of the officers and initial board of directors shall be:

MARCIE STERN 102 TRANQUILLA DRIVE PALM BEACH GARDENS FL 33418

ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

ROBERT A. HENRY 8411 W OAKLAND PARK BLVD SUITE 201 SUNRISE FL 33351

| | ed has executed thes | e Articles of Incorporation th | ii.S |
|--|----------------------|--------------------------------|------|
| | | ROWAIL | |
| | | INCORPORATOR | |

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

4 SEASONS HOUSE CHECKING, INC. (Name of Corporation)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

DR APR 28 AM II: 17

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