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PICK-UP WAIT MAIL				
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APPROVO

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COVER LETTER

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

SUBJECT: Forest	Haven Extended Stay Co. (PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Sila Gonzalez	e (Printed or typed)	**************************************
	171 NW 29th Place	Address	
	Pompano Beach, Fl 33064	y, State & Zip	
	954-609-9547 Daytime	Telephone number	

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

APPRUVUS AND FILED

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SECRETARY OF STATE

'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:

Forest Haven Extended Stay Co.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 171 NW 29th Place

Pompano Beach, Fl 33064

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Property management

<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sila Gonzalez 171 NW 29th Place Pompano Beach, FL 33064

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Sila Gonzalez
171 NW 29th Place
Pompano Beach, FL 33064

ARTICLE VII INCORPORATOR

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

Sila Gonzalez 171 NW 29th Place Pompano Beach, FL 33064

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

Chignature Registered Agent i Incorporate

02-19-09