

Dec. 13, 2011 9:24 AM

Gray Robinson

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION

Co-Owners Maintenance Services Co.

Certificate of Status	0
Certified Copy	0
Page Count	.01
Estimated Charge	\$70.00

*12/14/11*

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## 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: Co-Owners Maintenance Services Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
 2180 W. State Road 434  
 Suite 5000  
 Longwood, Florida 32779

Mailing address, if different is:  
 2180 W. State Road 434  
 Suite 5000  
 Longwood, Florida 32779

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Howard Pomp, CEO, Secy., & Treas.  
 Address: 2180 W. State Road 434, Ste. 5000  
 Longwood, Florida 32779

Name and Title: James W. Hart, Jr., President  
 Address: 2180 W. State Road 434, Ste. 5000  
 Longwood, Florida 32779

Name and Title:  
 Address:

Name and Title:  
 Address:

Name and Title:  
 Address:

Name and Title:  
 Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: Howard Pomp  
 Address: 2180 W. State Road 434, Ste. 5000  
 Longwood, Florida 32779

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Howard Pomp  
 Address: 2180 W. State Road 434, Ste. 5000  
 Longwood, Florida 32779

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

  
 Required Signature/Registered Agent

12-9-2011  
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 Required Signature/Incorporator

12-9-2011  
 Date

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