1/20/95

FLORIDA DIVISION OF CORPORATIONS

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TO: DIVISION OF CORPORATIONS FROM: HERITAGE RURAL HOUSING, INC.

DEPARTMENT OF STATE 101 GEORGE KING BLVD

STATE OF FLORIDA

SUITE 4

400 EAST CAINES STREET

CAPE CANAVERAL FL 32920-CONTACT KATHLEEN O'GRADY

TALLAHASSEE, FL 32399 FAX: (004) 022-4000 PHONE: (407) 799-4090

FAX: (407) 709-0233

(((105000001066))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: PARKER VILLAGE GROUP, INC.

FAX AUDIT NUMBER: H95000001068 **CURRENT STATUS: REQUESTED**

DATE REQUESTED: 01/20/1005 TIME REQUESTED: 13:13:34

CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 1

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number on the top and bottom of all pages of the document.

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ARTICLES OF INCORPORATION

OK

PARKER VILLAGE GROUP, INC.

The undersigned, for the purpose of forming a corporation under the Florkia General Corporation Act, hereby adopts the following Articles of Incorporation.

AKTICLE I

NAME

The name of the corporation shall be Parker Village Group, Inc.

ARTICLE II

COMMENCEMENT OF EXISTENCE AND DURATION

The corporation shall be deemed to commence its existence on the date of filing. The term of existence of the corporation is perpetual.

ARTICLE III

PURPOSE

The purpose of the corporation shall be to transact any and all lawful business for which corporations may be incorporated under the Fiorida General Corporation Act.

ARTICLE IV

CAPITAL STOCK

The aggregate number of shares which the corporation has authority to issue is seven hundred fifty (750) shares, all of which shall be common shares at a pur value of one dollar (\$1.00) per share.

ARTICLE V

REGISTERED OFFICE, PRINCIPAL OFFICE AND REGISTERED AGENT

The street address of the initial registered office of the corporation is 101 George King Boulevard, Suite 4, Cape Canaveral, Florida 32920. The principal office street address is the same. The name of the initial registered agent is Gregory A. Popp, Esq.

I HEREBY am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Attorney: Cregory A. Popp, Esq.

101 George King Blvd., Suite 4

Cape Canaveral, FL 32920

(407) 799-4090

Plorida Bar No.: 0220531

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ARTICLE VI

HIRITAGII CO

BOARD OF DIRECTORS

The business of the corporation shall be managed by a Board of Directors, consisting of not less than one (1) director. The initial Board of Directors shall consist of two (2) directors, whose name and address are as follows:

Name

Address

Jacqueline McPhillips

101 George King Boulevard, Suits 4 Cape Canaveral, Plorida 32920

Michael McPhillips

101 George King Boulevard, Suite 4 Cape Canaveral, Florida 32920

ARTICLE VII

OFFICERS

The corporation shall have officers as listed below:

Name

Address

Jacqueline McPhillips

101 George King Boulevard, Suite 4 Cape Canaveral, Florida 32920

Michael MaPhillips

101 George King Boulevard, Suite 4 Cape Canaveral, Florida 32920

ARTICLE VIII

INCORPORATORS

The name and address of the incorporators of this corporation are as follows:

Name

Address

Jacqueline McPhillips

101 George King Bouleverd, Suite 4 Cape Camereni, Florida 32920

Michael McPhillips

101 George King Boulevard, Suite 4 Cape Canaveral, Florida 32920

ARTICLE IX

INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by the law.

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ARTICLE X

AMENDMENTS TO ARTICLES OF INCORPORATION AND DYLAWS

The shareholders shall have the exclusive sutherity to make amendments to these Articles of Incorporation by unanimous vote of all outstanding shares; the bloard of Directors shall have the authority to formulate and adopt the initial bylaws of this corporation, thereafter, the shareholders shall have the exclusive authority in amend the bylaws of the corporation by a unanimous vote of all outstanding shares.

ARTICLE XI

SHAREHOLDERS

The incorporator has subscribed to shares in the following amount:

Name Number of Shares Purchase Price Sacqueline McPhillips 300 \$300.00 S300.00 Michael McPhillips 450 \$450.00 S450.00

IN WITNESS WHEREOF, I have subscribed my name, this 25th day of January, 1995.

Jacqueling McFulllips

Michael Mc Phillips

Michael McPhillips

STATE OF FLORIDA COUNTY OF BREVARD

I HEREBY CERTIFY that on this day, before me, a notary public duly authorized in the Sinte and County named above to take acknowledgments, personally appeared Jacquelina McPhillips and Michael McPhillips, to me known to be the persons who executed and subscribed the foregoing Articles of Incorporation, and who acknowledged before me that they executed the same for the purpose therein contained.

WITNESS my hand and official seal in the County and State named above, this 25th day of January, 1995.

My Commission Expires:

ALISON KENN-HULL MY COMMESSION & CC250863 ENFREE Jacksty 5, 1997 Principi Dail Toy and declarace and

State of Florida at Large

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Section 215.26. Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filled with the Comptroller, except as office provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

450 Challenger Road

Address:

Amount: 4173.75 Date Paid May 20, 1997	
Reason for claim: Overpurant - pasonount 176	
	, 19 ^{9 7}
Certified true and correct this 24th day of June Signature Highla Clavelle	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	
For Agency Use Only For Agency Use Only Agency recommends approval of above claim and ribmits the following information to	
substantiale the claim: Amount of recommended refund \$ \big \big 3 \big 5 \\ The amount requested above was originally deposited into the State Treasury as a part of the State Treasurer's Receipt No \big 00 \big \big \big \big \text{dated - 06 - 02 - 67}	funds deposited or
Name of Account 2452021300014530000000000000000000000000000000	
Statutory Authority for Collection 607	
It is requested that payment be made from the following account. NAME OF ACCOUNT	
4520213000145300000022002000	
Certified true and correct this day of Company of the Certified true and correct this day of Certified true and Certified tr	
Department of State (Agency) Explained in the Carrier (Authorized Signature and Title)	