P95000013201

TRANSMITTAL LETTER

FILED
95 FEB 14 PM 1:03

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

300001406793
-02/15/95--01036--009
****122.50 ****122.50

SUBJECT: HAMPTON MANAGEMENT CORPORATION OF MARION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

[ ] $70.00	[ ] $78.75	[X] $122.50	[ ] $131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: LEONARD W. JOHNSEN
Name (printed or typed)

P.O. BOX 2268
Address

CLEELAND, FLORIDA 32626
City, State & Zip

904-493-7575
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I ___ NAME

The name of the corporation shall be:

HAMPTON MANAGEMENT CORPORATION OF MARION

ARTICLE II ___ PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

10590 S.E. 62nd AVENUE

BELLEVIEW, FLORIDA 34420

ARTICLE III ___ SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED (100)

ARTICLE IV ___ INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LEONAD W. JOHNSEN
606 N.E. 1st ST
CHIEFALND, FLORIDA 32626

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LEONARD W. JOHNSEN
606 N.E. 1st STREET
CHIEFLAND, FLORIDA 32626

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of FEBRUARY, 19 95.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HAMPTON MANAGEMENT CORPORATION OF MARION

2. The name and address of the registered agent and office is:

LEONARD W. JOHNSEN
(Name)

606 N.E. 1st STREET
(P.O. Box not acceptable)

CHIEFLAND, FLORIDA 32626
(City/State/Zip)

FILED
SECRETARY OF STATE
95 FEB 14 PM 1:03

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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.

(Signature)

2-9-95
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -7 PM 3:09

DOCUMENT # P95000013201

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-10/10/96--01023--012
****383.75 ****383.75

1. Corporation Name

HAMPTON MANAGEMENT CORPORATION OF MARION

Principal Place of Business
10590 SE 62 AVE
BELLEVIEW FL 34420

Mailing Address
10590 SE 62 AVE
BELLEVIEW FL 34420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/14/1995

5. FEI Number: 59-3293679 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Leonard W. Johnson	10590 S.E. 62nd Ave.	Belleview Florida 34420

8. Name and Address of Current Registered Agent

JOHNSEN, LEONARD W
~~600 NE 1 ST~~
~~CHIEFLND FL 32626~~
10590 S.E. 62nd Ave.
Belleview Fl. 34420

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 10/1/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ]
(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 10/1/96 352-245-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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