Housing, Inc.

March 7, 1995

Florida Schretary of State Division of Corporations i J. Box 6327 Tallahassee, Florida 32314



Dear Sir or Madam:

Enclosed please find a check in the amount of \$210.00 for the filing and registered agent fees for the following new Florida corporations:

C J Communities, Inc.

3575 Bonita Beach Road

P.O. Box 369

Bonita Springs, Florida 33959-0369

Turtle Management, Inc.

3575 Bonita Beach Road

P.O. Box 369

Bonita Springs, Florida 33959-0369

J C Housing, Inc.

3575 Bonita Beach Road

P.O. Box 369

Bonita Springs, Florida 33959-0369

The Articles of Incorporation for each entity are enclosed.

Please contact me at 813-992-6918 if any further information is needed.

Tracerely, red Dzvidson



ARTICLES OF INCORPORATION

. 1	of	
J C Housing, Incorpo		
The undersigned subscriber(s) to these Articles of Incorp corporation under the laws of the State of Florida.	f corporation) oration, natural person(s) competi	ent to contract, hereby form a
ARTICLE 1 - C The name of the corporation is:	CORPORATE NAME	
J C Housing, Incorpora	ted	SECT TALL
This corporation shall exist perpetually unless dissolved		HASSEE, F
The corporation is organized for the purpose of engaging United States and the State of Florida.	III - PURPOSE g in any activities or business per	mitted under the Ses of the
The corporation is authorized to issue Five Hundre Dollar(s) (\$ 1.00 par value Common	CAPITAL STOCK shares (500) of Stock, which shall be designated as STERED OFFICE AND AGEN	
The principal office, if known, or the mailing adress of	the corporation is:	
NAME J C Housing, Incorporated		
ADDRESS P.O. Box 369		
CITY Bonita Springs.	ELORIDA .	ZIP 33959-0369
The name and street address of the Initial Registered	Agent of this Corporation is:	
NAME Gred Erdman		
ADDRESS P.O. Box 369 3575 BONITA BEACH	ROAD	
CITY Bonita Springs	FLORIDA	ZIP33959-0369
erst f	BOARD OF DIRECTORS) directors initially. The number ws, but shall never be less than c as follows:	r of directors may be either one (1). The names and
NAME Charles J. Erdman, Jr.		
ADDRESS P.O. Box 369		
CTIY Bonita Springs,	STATE Florida	ZIP33959
NAME Greg Erdman		
ADDRESS P.O. Box 369		
CTIY Bonita Springs	STATE Florida	ZIP 33959
ADDRESS		
CTIY		
FORM 215: ARTICLES OF INCORPORATION, PAGE 1 PAG	STATE IE 1	ZIP SEMBNOLE MIANG

SEMINOLE-MIAMI

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

	(name of corporation)
Pursuant to FI	lorida Statutes Sections 48.091 and 607.0501, the following is submit
The above corp	poration, desiring to organize under the laws of the State of Florida v
	office as indicated in the Articles of Incorporation
	P.O. Box 369 (3575 Bonita Beach Road
at	Beach Road
at	Bonita Springs, FL 33959
has named	
has named	Bonita Springs, FL 33959

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

ARTICLE VII - INCORPORATORS The names and addresses of the incorporators signing these Articles of Incorporation are as follows: NAME Charles J. Erdman, Jr. ADDRESS P.O. Box 369 CITY Bonita Springs STATE Florida ZJP 33959 NAME Greg Erdman ADDRESS P.O. Box 369 Bonita Springs, CITY STATE Florida ZIP 33959 NAME ADDRESS CITY STATE ZIP IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 9 day of ____ March (Scal) (Seal) (Scal) STATE OF FLORIDA COUNTY OF Lee before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, Personally Personally Known Form of Identification Personally Known Signature Form of Identification Form of Identification known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that Charles/Gregexecuted these Articles of Incorporation, that I relied upon the form K of identification of the above named person X as indicated opposite each name, and that an oath (mass) (was not) taken. NOTARY RUBBER STAMP SEAL Witness my hand and official seal in the County and State last aforesaid NOTARY PUBLIC, STATE OF FLORIDA. MY COMMISSION EXPIRES: April 24, 1995. BU-DED THRU NOTARY PUBLIC UNDERWRITERS. March 19 95

CC102772