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TRANSMITTAL LETTER

95 100 17 CM 1000 111,

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

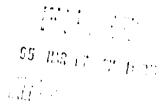
SUBJECT:(Proposed corporate	79 / ///C name - must include su	ffix)	
Enclosed is an original for : \$70.00 Filing Fee	\$78.75 Filing Foe & Certificate	y of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and a chec \$131.25 Filing Fee, Certified Copy & Certificate	ck
FROM:	// 1/2 // 1/2 Name	(printed or typed))	

OO/-SAS-OCO:

Daytime Telephone number

NANCY HENDRICKS MAR 2 0 1995

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



ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be Dover Trust, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5860 US 1 North St. Augustine, Fi 32095

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 (one hundred).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

P. Campbell Ford One Enterprise Center 225 Water Street, Suite 1400 Jacksonville, Fl 32202-5179

ARTICLE V INCORPORATORS

The names and street addresses of the incorporators to these Articles of incorporation are:

Bryan Kuvick 5860 US 1 North St. Augustine, Fl 32095

Honry Silverio 47 Osceola St. St. Augustine, Fl 32084

The undersigned incorporators have executed these Articles of Incorporation this

day of

Bryan Kuvick

Henry Silverio

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PUNSUANT 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 cur-oration is: <u>Vover Trust, The</u>	
2. The name and address of the registered agent and office is:	
P. Campbe 1) Ford (Name)	
225 Water St. Side 1400	
(P.O. Box not acceptable) Tucksould be Fl. (City/State/Zip)	3 <u>2</u> 202

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.

Benefit Ford 3/1/95
(Date)