

200 HAY STREET  
TALLAHASSEE, FL 32301  
904.222.9070  
904.222.0991 FAX

800-342-8086



**networks**

PROFESSIONAL  
LEGAL & FINANCIAL SERVICES

**P95000023183**

A CERTIFICATE OF INCORPORATION

AFFIDAVIT OF SERVICE

AUTHORIZATION

OUT LIMIT 15.00.00

ORDER DATE : MARCH 21, 1995

ORDER TIME : 4:20 PM

ORDER NO. : 563544

CUSTOMER NO: 9014A

RECEIVED 11/11/95 11:11

CUSTOMER: Rita Clark, Legal Assistant  
LAWRENCE W. BURNS, ESQ

412 North Hallifax Avenue

Daytona Beach, FL 32118

DOMESTIC FILING

NAME: SAVANNAH PLACE, INC.

XX ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF LIMITED PARTNERSHIP

CONTACT FOR INFORMATION

EXAMINER'S INITIAL

FILED  
95 MAR 21 PM 16  
TALLAHASSEE, FLORIDA

Dmc 3/22/95

FILED

95 MAR 21 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
SAVANNAH PLACE, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SAVANNAH PLACE, INC.

The address of the principal office of this corporation shall be 1230 Powers Avenue, Holly Hill, Florida 32117, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 50 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of the corporation managed under the direction of its Board of Directors, subject to any limitation set forth in these Articles of Incorporation. This corporation shall have two Directors, initially. The names and addresses of the initial members of the Board of Directors are:

Ray Lindo  
Dir.

1230 Powers Avenue  
Holly Hill, Florida 32117

Linda Lindo  
Dir.

Same

ARTICLE VII. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

Ray Lindo Pres.	1230 Powers Avenue Holly Hill, Florida 32117
Linda Lindo V. Pres./Sec.	Same

ARTICLE VIII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Information Services, Inc.  
1201 Hays Street  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on March 21, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: Gail Shelby  
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF INCORPORATION

By: Its Agent, Gail Sholby

KBR / 11m

**APPLICATION  
FOR  
REINSTATEMENT**



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

DOCUMENT # **995000023183**

Corporation Name

**SAVANNAH PLACE INC.**

Principal Place of Business Mailing Address

**1230 Powers Avenue  
Holly Hill Florida 32117**

**SAME**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
New Principal Office Address, if Applicable

DO NOT WRITE IN THIS SPACE  
4. Date incorporated or Qualified  
To Do Business in Florida  
**March 21, 1995**

5. FEI Number  
**59-3313455**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

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
P Rav Lindo	1230 Powers Avenue	Holly Hill Florida 32117
V.P Linda Lindo	1230 Powers Avenue	Holly Hill Florida 32117

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**Corporation Information Services, Inc  
1201 Hays Street  
Tallahassee, Florida 32301**

9. Name and Address of New Registered Agent

Name  
**Walter E. Foster III**  
Street Address (P.O. Box Number is Not Acceptable)  
**315 S. Palmetto Avenue**  
Suite, Apt. #, Etc.  
City  
**Daytona Beach**

State  
**FL**  
Zip Code  
**32114**

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]**  
REGISTERED AGENT MUST SIGN

Date **9/4/96**

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-4-96**

Date

**252-7082**

Daytime Phone #

CR20040 (12/95)