P95000041487

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

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SUBJECT:RIV	IR MANSIO	NS INC.			
		name - must include su	(fix)		
Enclosed is an origin for :	al and one (1) c	opy of the articles o	f incorporation a	and a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	95 HAY 26 SECRETARY TALLAHASS	<u> </u>
FROM:		OPER INVE (printed or typed) 2 Box 394 Address	stments /	AH 10: 21 OF STATE OF FLORIDA	E D
	LAI<	<i>E City FL</i> y, State & Zip	32024		
	904 -	- 755-2803 Telephone number	<u> </u>		

95/26

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.

ARTICLE I NAME

The name of the corporation shall be:

RIVER MANSIONS INC.

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ARTICLE II PRINCIPAL OFFICE

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

RT 2 BOX 394 LAKE City, FL 32024

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sylvia S. Jackson

RT 2 BOX 394

LAKE CITY, FL 32024

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

SHARECROPER INVESTMENTS, INC SYLVIA S. JACKSON RT 2 BOX 394 LAKE CITY, FL 32034

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: RIVER MANSIONS INC.		
2.	The name and address of the registered agent and office is:		
	Sylvia S. Jackson Spe/Tristell	95 HAY 26	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	AH 10:	
	LAKE CITY FL 32024	21	

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.

Sylvaid Jackson Sec/ Jus 5/26/95 (BATE)