

P95000047945

Date
JUNE 7, 1995

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

Re: CENTRAL FLORIDA MOBILE HOME RESELLERS, INC.
(name of corporation)

700001516437
-06/19/95--01037--009
****122.50 ****122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation, and for Registered Agent Designation for the above named corporation.

Very truly yours,

MARY FAYE PEINGSTON
(individual's name)

FILED
JUN 19 PM 1:11
TALLAHASSEE, FLORIDA

CENTRAL FLORIDA MOBILE HOME RESELLERS,
(name of corporation) INC.

MAILING ADDRESS OF CORPORATION

2749 PINE ACRES DRIVE

LAKE WALES, FLORIDA 33853

PHONE

(941) 439-2388
Area Code Number Ext.

ARTICLES OF INCORPORATION

of

CENTRAL FLORIDA MOBILE HOME RESELLERS, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

CENTRAL FLORIDA MOBILE HOME RESELLERS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>CENTRAL FLORIDA MOBILE HOME RESELLERS, INC.</u>		
ADDRESS	<u>2749 PINE ACRES DRIVE</u>		
CITY	<u>LAKE WALES</u>	FLORIDA	ZIP <u>33853</u>

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>MARY FAYE PFINGSTON</u>		
ADDRESS	<u>2749 PINES ACRES DRIVE</u>		
CITY	<u>LAKE WALES</u>	FLORIDA	ZIP <u>33853</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>MARY FAYE PFINGSTON</u>		
ADDRESS	<u>2749 PINE ACRES DRIVE</u>		
CITY	<u>LAKE WALES</u>	STATE <u>FLORIDA</u>	ZIP <u>33853</u>
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME:	MARY FAYE PEINGSTON		
ADDRESS:	2749 PINE ACRES DRIVE		
CITY:	LAKE WALES	STATE:	FLORIDA
		ZIP:	33853
NAME:			
ADDRESS:			
CITY:		STATE:	
		ZIP:	
NAME:			
ADDRESS:			
CITY:		STATE:	
		ZIP:	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of _____, 19____.

_____(Seal)
 _____(Seal)
 _____(Seal)

STATE OF FLORIDA

COUNTY OF POLK

) SS 313-44-7739

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Mary Faye Peingston
 Signature

313-44-7739 S.S.#
 Form of Identification

 Signature

 Form of Identification

 Signature

 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 SHE executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

NOTARY PUBLIC, STATE OF FLORIDA.
 MY COMMISSION EXPIRES: June 28, 1995.
 BONDED THRU NOTARY PUBLIC UNDERWRITERS.

Witness my hand and official seal in the County and State last aforesaid this 12 day of JUNE, 1995.

JEAN P. JONES
 Notary Signature
 Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

CENTRAL FLORIDA MOBILE HOME RESELLERS, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2749 PINE ACRES DRIVE

LAKE WALES, FLORIDA 33853

has named MARY FAYE PFINGSTON

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

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.

Mary Faye Pfingston
(registered agent)
(Signature)