| , | raws17 | |
|---|---|--|
| | TRANSMITTAL LETTER | |
| Department o Division of Co P.O. Box 6327 Tallahassoe, F | rporations 7 | |
| SUBJECT: _ | Groon Mountain Associatos, Inc. (proposod corporato namo) | 999 |
| Enclosed plea above corpora | se find an original and one (1) copy of the articles c ation and check in the amount of \$ <u>122,59</u> | f Incorporation for the |
| | | |
| FROM: | Tara Financial Servicos, Inc. Name 489 W. Minnehaha Ave. | |
| FROM: | Name | |
| FROM: | Name <u>489 W. Minnehaha Ave.</u> Address <u>Clermont, Fl. 34711</u> City, State, & Zip (904) 394-5984 | 700001527:96 -06/30/3501021013 ****122.50 ****122.50 |
| FROM: | Name <u>489 W. Minnehaha Ave.</u> Address <u>Clermont, Fl. 34711</u> City, State, & Zip (904) 394-5984 | 7000001527:96 -06/30/3501021013 *****122.50 ****122.50 |

ARTICLES OF INCORPORATION

OF

Oreen Mountain Associates, Inc.

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:

Green Mountain Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

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

563 Forguson Drive Suite A Orlando, Fl. 32805

ARTICLE III SHARES

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

100shs.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Tara Financial Services, Inc. 489 W. Minnehaha Ave. Clermont, Fl. 34711

ARTICLE V INCORPORATOR(S)

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

Robert D. Nardino 563 Forguson Drivo Suito A Orlando, Fl. 32805

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

| 28th | day of | June | 10 95 |
|------|--------|------|-------|
| | 007.01 | | |

غ Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35 CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLOHDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Green Mountain Associates, Inc.

2. The name and address of the registered agent and office is:

Tara Financial Services, Inc.

(Namo)

489 W. Minnehaha Ave.

(P.O. Box not acceptable)

Clermont, Fl. 34711

(City/State/Zip)

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 perfc mance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Pres.

Tara Financial Services, Inc.

DIVISION OF CORPORATIONS, © O. BOX 6327, TALLAHASSEE, FL