PSWOOS9592

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

			777710, 1 1	, ,	
SUBJECT:	FOUR S	FOUR SEASONS GARDEN, Incorporated			
	(Proposed corporate name - must include suffix)				
Enclosed is	an original and or	ne(1) copy of the Article	s of Incorporation and a check for:		
	X 470.75				
\$70.00 Filing fee	\$78.75 Filing fee & certificate	Filing fee & certified copy	لــــا \$131.25 Filing fee & certified copy & certificate		
			•		
	From:	FUK PO TO			
	Name (printed or typed) 112 BLACKWATER COURT Address KISSIMMEE, Florida 34743		(printed or typed)		
	City, State & Zip				
		(407) 3	48-3262		
	Daytime Telephone Number				
		Dayline 11	Signal Number))	

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: FOUR SEASONS GARDEN, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 112 BLACKWATER COURT, KISSIMMEE, FL 34743

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares of common stock at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is: FUK PO TO 112 BLACKWATER COURT KISSIMMEE, Florida 34743

ARTICLE V INCORPORATOR(S)

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT 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 corporation is:	FOUR SEASONS GARDEN, INCORPORATED
The name and address of the regi	stered agent and office is:
	FUK PO TO
	(Name)
112 B	LACKWATER COURT
(P.(D.Box not acceptable)
KISSII	MMEE, Florida 34743
<u> </u>	(City/State/Zip)
corporation at the place designated in this agent and agree to act in this capacity. I relating to the proper and complete perfor	t and to accept service of process for the above stated s certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes mance of my duties, and I am familiar with and accept the
obligations of my position as registered age	ent.
Jacquesto	7-28-95
(Signature)	(Date)