

ACCOUNT NO. : 072100000032

REFERENCE : 659870 6517A

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE : August 15, 1995

ORDER TIME : 11:56 AM

ORDER NO. : 659870

CUSTOMER NO: 6517A

CUSTOMER: Mary Fendle, Legal Assistant
DEAN MEAD EGERTON BLOODWORTH
CAPOUANO & BOZARTH, P.A.
P. O. Box 2346

Orlando, FL 32802-2346

EFFECTIVE DATE

AUG 14 1995

DOMESTIC FILING

NAME: TATE PROPERTIES, INC.

XX ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Prezeau

EXAMINER'S INITIALS: _____

100001566881
-08/23/95--01001--008
*****70.00 *****70.00

FILED
95 AUG 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BROWN AUG 16 1995

• EFFECTIVE DATE
AUG 14 1995

ARTICLES OF INCORPORATION
OF
TATE PROPERTIES, INC.

FILED
95 AUG 15 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of this Corporation pursuant to Chapter 607 of the Florida Statutes, hereby forms a corporation for profit under the laws of the State of Florida and adopts the following Articles of Incorporation for such Corporation:

ARTICLE I - NAME OF CORPORATION

The name of this Corporation shall be Tate Properties, Inc.

ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of this Corporation shall be located at 5422 Carrier Drive, Suite 203, Orlando, Florida 32819, which shall also be the mailing address of the Corporation.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of capital stock that this Corporation is authorized to issue and have outstanding at any one time is one hundred (100) shares of common stock having a par value of One Dollar (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED OFFICE

AND REGISTERED AGENT

The initial street address of the registered office of this Corporation in the State of Florida shall be 800 North Magnolia Avenue, Suite 1500, Orlando, Florida 32803. The Board of Directors may from time to time move the registered office to any other address in Florida. The name of the initial registered agent

of this Corporation at that address is Alan H. Daniels. The Board of Directors may from time to time designate a new registered agent.

ARTICLE V - INCORPORATOR

The name and address of the incorporator of this Corporation is:

<u>Name</u>	<u>Address</u>
Alan H. Daniels	800 North Magnolia Avenue Suite 1500 Orlando, Florida 32803

ARTICLE VI - PURPOSE

The general purpose for which this Corporation is organized shall be to conduct and transact any and all lawful business authorized or not prohibited by Chapter 607 of the Florida Statutes, as the same may be from time to time amended.

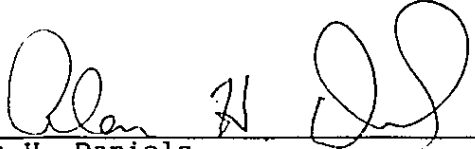
ARTICLE VII - DATE OF EXISTENCE

This Corporation shall exist perpetually, commencing on the date of execution of these Articles of Incorporation.

ARTICLE VIII - INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned incorporator has made and subscribed these Articles of Incorporation at Orlando, Florida, this 14th day of August, 1995.



Alan H. Daniels

Having been named as registered agent for the above mentioned Corporation, at the place designated in the foregoing Articles of Incorporation, I heroby accept such designation and agree to act in such capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties as registered agent. I am familiar with, and accept the duties and obligations of, Section 607.0505 of the Florida Statutes.

Signature: _____

Alan H. Daniels

Date: August 14, 1995

FILED
AUG 15 AM 9 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT
DOCUMENT # **P95000063117**

TATE PROPERTIES, INC.

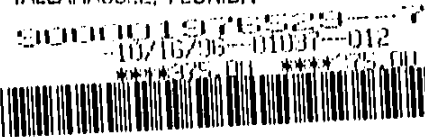


FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT -2 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

08/14/1995

4. Date incorporated or qualified to do business in Florida

5. FIC Number
8593-33-5289

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

Principal Place of Business
5422 CARRIER DRIVE
SUITE 200
ORLANDO FL 32819

Mailing Address
5422 CARRIER DRIVE
SUITE 200
ORLANDO FL 32819

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

2. New Mailing Office Address, if Applicable
City, State, Zip, Country
Orlando, FL 32819 USA

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

Officer	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	William Tate	2431 Summerfield Rd	Winter Park, FL 32792
VP	John A Tate	6209 Westgate Dr. #118	Orlando, FL 32835
Dir.	Helen B Torre	2431 Summerfield Rd	Winter Park, FL 32792
Dir.	Duane A Latimer	8005 Mashua Ln	Orlando, FL 32817
Dir.	Sandra L Decker	212 Robin Lee Rd.	Orlando, FL 32815
Dir.	Sandra Sullivan	1511 Via Tuscan	Winter Park, FL 32792

8. Name and Address of Current Registered Agent

DANIELS, ALAN H
800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name: **John Tate**
Street Address (P.O. Box Number is Not Acceptable): **6209 Westgate Dr.**
Suite, Apt. #, Etc.: **# 1108**
City: **Orlando** State: **FL** Zip Code: **32835**

10. 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: **John A Tate** Date: **9-25-96**

11. 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.)

12. I certify that I am an officer or director of 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 application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by this corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(ii), F.S. 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: **Duane Latimer** Date: **9/25/96** Daytime Phone: **407-851-5722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR