P95000 43379

December 6, 1993

Secretary of State Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314 Ro: S & MENTERPRISES (name of corporation) Gentlemen: Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of This represents the cost of the Filing Fees, and Fee for Registered agent Designation for the above named corporation. comoration. Very truly yours, Michael Groover S & M ENTERPRISES, INC. (name of corporation) ----MAILING ADDRESS OF CORPORATION----P O BOX 1305 MINNEOLA, FL 34755 -PHONE-(904) 394-5832 NUMBER EXT. AREA



FLORIDA DEPARTMENT OF STATE lim Smith Secretary of State

April 5, 1994

MICHAEL GROOVER P.O. BOX 1305 MINNEOLA, FL 34755



We have received your document for S & M ENTERPRISES OF LAKE COUNTY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6921.

Bobbie Eldridge Senior Corporate Section Administrator

Letter Number: 994A00015092



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

January 31, 1994

MICHAEL GROOVER P.O. BOX 1305 MINNEOLA, FL 34755

SUBJECT: S & M ENTERPRISES, INC. Ref. Number: W94000002205



We have received your document for S & M ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

The effective date is not acceptable since it is not within five working days of the date of receipt.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Simply adding "of Florida" or "Florida" to the end of a entity name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 394A00004401



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 16, 1995

MICHAEL GROOVER 1113 N GALENA AVE MINNEOLA, FL 34755

SUBJECT: S & M ENTEPRRISES OF LAKE COUNTY, INC. Ref. Number: W95000016498



We have received your document for S & M ENTEPRRISES OF LAKE COUNTY, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 195A00038398

ATTN: M. HODGES

COPYOFINAL June 1, 1994 Secretary of State Division of Corporations P. O. Box 6327 Tallahasso, PL 32314 Ro: S&MENTERPRISES OF LAKE COUNTY (name of corporation) Gentlemen: Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$ 70.00 YOU, HAVE CREDIT. This represents the cost of the Filing Fees, and Fee for Registered agent Designation for the above named corporation. Very truly yours, Michael Groover AS PER DUN LONVERSATION S & M ENTERPRISES of LAKE COUNTY, INC. (name of corporation) ---- MAILING ADDRESS OF CORPORATION----PO BOX 1305 MINNEOLA, FL. 34755 PHONE-(904)394-5832 ÀREA NUMBER

ARTICLES OF INCORPORATION

	S&MEN	TERPRISES OF LAKE CO (name of corporation)	OUNTY INC.	4.0 = 3
The undersigned sub- form a corporation t	bscriber(s) to these Article under the laws of the State	s of Incorporation, natura of Florida.	l person(s) competent to	Contract Leroby
	ARTICI	LE I - CORPORATE	NAME	別型 6 m
The name of the cor	poration is:			11 1 1 1 C
S&MENIERPR	ISES OCLAKE COUNTY.	INC.		
This corporation, be	AR' ginning 8 -16-95, shal	TICLE II - DURATIO	ON dissolved seconding to F	lorida law.
	AR	TICLE III - PURPOS	SE	
The corporation is of United States and the		fengaging in any activitie	s or business pennitted t	mder the laws of the
	ARTIC	LE VI - CAPITAL S'	TOCK	
The corporation is at	uthorized to issue ONE H	UNDRED shares (100) of ONE _Dollar(s)	
(\$ 1.00) par value Con mon Stoc	k, which shall be designat	ed "Common Shares."	
	ADTICI E V - INTII A	L REGISTERED OF	TEICE AND AGENT	•
The street address of	the Initial Registered Age	ant office and the name of	the Initial Registered Ag	ent at that office is:
- NAME	MICHAEL GROOVER			
ADDRESS	606 S MAIN AVE			
CITY	MINNEOLA	FLORIDA	ZIP 34755	
The principal office,	if known, or the mailing a	ddress of the corporation	is:	
NAME	s & m enterprises	of Lake county. In	C	
ADDRESS	P. O. BOX 1305			-
CITY	MINNEOLA	FLORIDA	ZIP 34755	
This corporation shall	ll have TWO (NITIAL BOARD OF	. The number of director	s may be either
increased or diminish addresses of the initi	hed from time to time by the al director(s) of the corpor	he By-Laws, but shall nev ation are as follows:	er be less than one (1).	The names and
NAME	MICHAEL GROOVER			
ADDRESS				
<u>CITY</u>	MINNEOLA	FLORIDA	ZIP 34755	
NAME ADDRESS	CHARLES W. GROO 516 S. HIGHLAND A			
CITY	WINTER GARDEN	, FLORIDA	ZIP 34787	
NAME	1:30.4811			
ADDRESS				
CITY		FLORIDA	ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these articles of incorporation are as follows:

NAME___MICHAEL GROOVER____

ADDRESS 1113 N. GALENA AVE.	
CITY MINNEOLA.	STATE FL ZIP 34755
NAME CHARLES W GROOVER	
ADDRESS 516 S. HIGHLAND AVE.	
CITY WINTER GARDEN	<u> </u>
NAME	
ADDRESS	
CITY	STATE ZIP
	III - OFFICERS
The officers of the corporation shall be a President and So other officers provided for in the By-Laws. the name of t	he negative who are to serve as officers of the cornoration
until the first election are:	the periodic with are to serve as crasein or are responding.
NAME MICHAEL GROOYER	TITLE: PRESIDENT
ADDRESS 1113 N. GALENA AVE.	
CITY MINNEOLA.	STATE FL ZIP 34755
NAME CHARLES W. GROOVER	TTILE: SECRETARY-TREASURER
ADDRESS 516 S. HIGHLAND AVE.	
CITY WINTER GARDEN.	STATE PL ZIP 34787
IN WITNESS WHEREOF, the undersigned sub Incorporation this1st day of <u>SEPT</u>	, 19 <u>_95</u> .
	mill (Scal)
	(Soal)

_(Scal)

CERTIFICATE AND ACKNOWLEDGMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

S&MENTHERRISES OF LAKE COUNTY, 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 606 S MAIN AVE . MINNEOLA. FL 34755
has named MICHAEL GROOVER
_located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT

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.

(registered agent)

FILED

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SECRETARY OF STATE
TALLAHASSES