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FILED
96 FEB -2 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.T. Communities Inc
(Requestor's Name)

3575 Bonita Beach
(Address)

Bonita Springs, Fla. 33723
(City, State, Zip) (Phone #)

OFFICE USE ONLY

4000001707004
-02/06/96--01016--018
*****70.00 *****70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

BE 2/5

ARTICLES OF INCORPORATION

of

Island Cove, 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:

Island Cove, 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>Island Cove, Inc.</u>		
ADDRESS	<u>P.O. Box 369</u>		
CITY	<u>Bonita Springs,</u>	FLORIDA	ZIP <u>33959-0369</u>

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

NAME	<u>Gregory A. Erdman</u>		
ADDRESS	<u>3575 Bonita Beach Road SW</u>		
CITY	<u>Bonita Springs</u>	FLORIDA	ZIP <u>33923</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) 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>Charles J. Erdman, Jr.</u>		
ADDRESS	<u>P.O. Box 369</u>		
CITY	<u>Bonita Springs,</u>	STATE <u>Florida</u>	ZIP <u>33959-0369</u>
NAME	<u>Gregory A. Erdman</u>		
ADDRESS	<u>P.O. Box 369</u>		
CITY	<u>Bonita Springs</u>	STATE <u>Florida</u>	ZIP <u>33959-0369</u>
NAME			
ADDRESS			
CITY		STATE	ZIP

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TALLAHASSEE, FLORIDA

ARTICLE VII • INCORPORATORS

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

NAME	Charles J. Erdman, Jr.		
ADDRESS	P.O. Box 369		
CITY	Bonita Springs,	STATE	Florida
		ZIP	33959-0369
NAME	Gregory A. Erdman		
ADDRESS	P.O. Box 369		
CITY	Bonita Springs	STATE	Florida
		ZIP	33959-0369
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 30
day of January, 1996.

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

STATE OF FLORIDA)
COUNTY OF Lee) SS

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

Signature

Personally Known
Form of Identification


Personally Known
Form of Identification

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



CHRISTY DAVIDSON
COMMISSION # CC 463735
EXPIRES MAY 14, 1989
BONDED THRU
ATLANTIC BONDING CO., INC.

1 Witness my hand and official seal in the County and State last aforesaid
this 30 day of January 1996

Notary Signature
Christy Davidson CC463735
Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Island Cove, Inc.

(name of corporation)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 P.O. Box 369 (3575 Bonita Beach Road SW)

Bonita Springs, FL 33959-0369

has named Gregory A. Erdman

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.


(registered agent)