POLOCOTTE 2965

SUBJECT: J. L. T. 4 FAMILY ASSOCIATES, INC. (Proposed corporate name - must include suffix)

Department of State Division of Corporations P. O. Box 6327 Tallahassac, FL 32314

5mmm017077995 -02/06/96--0106--002 ****122.50 ****122.50

Enclosed is an origin for :	al and one (1)	copy of the articles of incorporati	ion and a e	checl	k
\$70.00 Filing Fac	Filing Fee & Certificate	\$122.50 \$131.2 Filling Fee Filling Fee & Certified Copy Certified Co & Certificat Ad Itional Copy Required	25 ,	36	
FROM:		profs S. Corso	ETARY O	9-83	
	26 N	Address Way	F STATE FLORIDA	등 다 다	Ü
	Oca.	<u> a FL 34482</u> ity, State & Zip	2-6607		
	904 Daytime	237-6/28	-		

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:

J. L. T + Family Associates INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. # 77/30/ Ocala FL 34477-1301

> ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Thomas S. Corso 26 Nashua way Ocala FL 34482-6607

INCORPORATOR(S)

See instructions for officers/directors

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

Thomas S. Corso 26 Nashua Way Ocala FL 34482-6607

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30" day of JAN. , 19 96. Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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 t	he corporation is: J. L. T + Family Associates IN
2. The name and	address of the registered agent and office is:
	Thomas S. Corso
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Ocala FL 34482-6607 FG B F

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

JEONS S. GSON JAN 30 1996
(SIGNATURE) (DATE)