## P9600030547 TRANSMITTAL LETTER

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



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Enclosed is an origina for :  \$70.00 Filing Fee	l and one (1) co    X \$78.75   Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	Filin Cortifi & Co	131.25 ng Fee, ied Copy rtificato	ind a check
FROM:		J Reale printed or typed) Shadow (k Address	Or		
		253 F1 3 7, State & Zip 407-786-4451 Felephone number	2779		

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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The andersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

> ARTICLEI NAME

The name of the corporation shall be:

me of the corporation shall be:
Government Employers Real Estate Company

ARTICLE II PRINCIPAL OFFICE

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

PO BOY 915173

Longwood F1 32791-5173

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Nicholas J. Reale

105 Shadow Lake Or

longwood F1 32779

## ARTICLE V 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):

Nicholas 3 Rale 105 Shadow Lake Dr Longwood F1 32779

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of Februare, 19 al.

Signature

Signature

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

## 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 the corporation is:	Government	Employees	Real	Estute	Con	<u>eny</u>
2.	The name and address of the registere	ed agent and offi	ce is:	<u>.</u>	THALL	- 24¥ 96	<del></del>
	<u> Nich</u>	NAME)			SSEE, FLO	-1 287 7:	HED
	(P.O. Box or	Shadou Mail Drop Box No			STA: E FLORIDA	==	
	Longwa	SO FI	32779				

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.

(SIGNATURE) (DATE)