

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Whistling Filed
Management ENCL 11-21
Inc.

7d. CLEFF RASSETT, FLORIDA

- ☒ Capital Express™
- ☒ Art. of Inc. Fila
- ☐ Corp. Record Search
- ☐ Ltd. Partnership Fila
- ☒ Foreign Corp. Fila
- ☐ () Cert. Copy(s)
- ☐ Art. of Amend. Fila
- ☐ Dissolution/Withdrawal
- ☐ C U B-
- ☐ Fictitious Name Fila
- ☐ Name Reservation
- ☐ Annual Report/Reinstatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 Fila
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ File No.'s, _____ Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone () _____
- ☐ Top Priority
- ☐ Express Mail Prep.
- ☐ FAX () _____ pgs.

400001-735494
 -04/18/96--01032--016
 ****122.50 ****122.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____

BY _____ CK No. _____

WALK-IN 4/18 12:00
 Will Pick Up _____

**ARTICLES OF INCORPORATION
OF
WHISTLING PINES MANAGEMENT GROUP, INC.**

FILED
96 APR 18 AM 11:21
S. G. L. & S. L. & S. L. & S. L.
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of this corporation is WHISTLING PINES MANAGEMENT GROUP, INC.

**ARTICLE II. PRINCIPAL OFFICE OR MAILING
ADDRESS OF CORPORATION**

The principal office and mailing address of this corporation is: 16436 Whistling Pines Road, Dona Vista, Florida 32784 and Post Office Box 666, Eustis, Florida 32727.

ARTICLE III. CAPITAL STOCK

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

Five thousand (5,000) shares of common stock
all of one class, having a nominal or par
value of ONE DOLLAR (\$1.00) per share.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1100 Main Street, Lady Lake, Florida 32159, and the name of the initial registered agent of this corporation at that address is Kevin A. Sentner.

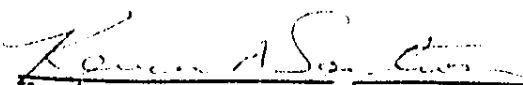
ARTICLE V. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is Kevin A. Sentner, Post Office Box 1299, Lady Lake, Florida 32158-1299.

ARTICLE VI. AMENDMENT

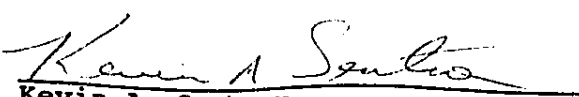
This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 16 day of April, 1996.


Kevin A. Sentner, Incorporator

ACCEPTANCE BY REGISTERED AGENT:

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

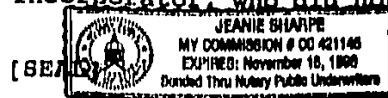

Kevin A. Sentner

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 16
day of April, 1996, by KEVIN A. SENTNER, Incorporator, who did not
take an oath.

Jeanie M. Sharpe
NOTARY PUBLIC-STATE OF FLORIDA
(Signature of Notary)

Jeanie M. Sharpe
Typed name of Notary)



CC 421145
(Commission Number)

Personally known or
Produced Identification

Type of Identification
Produced:

}/curpform/WHISTLING.art