P96000143043 TRANSMITTAL LETTER

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

SUBJECT: Semin	OLE ACTE	S INC.				
(Proposed corporate name - must include suffix)				100001820001 -05/14/96-+01039-+019 ****122.50 ****122.50		
Enclosed is an original for :	and one (1) cop	y of the articles of	incorporation e	and a check		
570.00	578.75	※ \$122.50	\$131.25			
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Cop & Certificate	v		
FROM:	Semino	E ACLES	Inc.			
	<u>3562</u>	Seminoie Address	Ro.			
		erce, Fig. 3 City, State & Zip	34953	•		
	(401)	167-0181		-		
	Daytim	e Telephone number				

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 | NAME

The name of the corporation shall be:

SEMINOLE ACRES, INC.

ARTICLE IL PRINCIPAL OFFICE

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

SEMINOLE RD. 3562 FT. Pierce, Fra. 34953

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

New Thompson

3562 Serinoux Ro.

Fr. Pierce FLA. 34953

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ARTICLE V INCORPORATORIS

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-

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

Signature

Signature

Articles of Incorporation Filing Fee - \$35

NINTH day of MAY 19.96.

tion is(are):

NED Thompson

3562 Seminore Ro.

FT. Pierce, Fu. 34953

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Seminore Acres Inc
2. The name and address of the registered agent and office is:
Non Thompson
(Name)
3562 SEMINOUE RD
(P.O. Box not acceptable)
FT. Piesce Fra. 34953
(City/State/Zip)
Having been named as registered agent and to accept service of process for thraphove 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.
New 5/9/96 (Date)