# 796000043080 TRANSMITTAL LETTER

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

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SUBJECT: A (F	& D FARMS, I	NC . name - must include suffix)	
Enclosed is an origination:  \$70.00  Filing Fee	X \$78.75 Filing Fee & Certificate	\$122.50 \$131.25  Filing Fee Filing Fee, & Certified Copy & Certificate  Additional Copy Required	a check
FROM:	·	IRELAND (printed or typed)	#6:5
	P.O. BOX		DRIDE
	LABELLE, FL 33935 City, State & Zip		
	941-675-1 Daytim		149
1	May 1 4 1996	NPR 30 1996	

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



May 14, 1996

ALTON R. IRELAND P. O. BOX 874 LABELLE, FL 33935

SUBJECT: P. & R. PROPERTIES, INC.

Ref. Number: W96000009249

We have received your document for P. & R. PROPERTIES, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 996A00020901



May 1, 1996

ALTON R. IRELAND P. O. BOX 874 LABELLE, FL 33935

SUBJECT: A & D FARMS, INC. Ref. Number: W96000009249

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Brenda Baker Corporate Specialist

Letter Number: 996A00020901



May 14, 1996

ALTON R. IRELAND P. O. BOX 874 LABELLE, FL 33935

SUBJECT: P. & R. PROPERTIES, INC. Ref. Number: W96000009249

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Brenda Baker Corporate Specialist

Letter Number: 996A00020901

#### 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:

HOMESTEAD ACRES, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 874 LaBelle, FL 33935

ARTICLE III SHARES

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

300000 at \$1.00 par value per share

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

Rena I. DiPofi 865 Fort Thompson Ave. LaBelle, FL 33935

#### 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):

Alton R. Ireland
1333 Captain Hendry Dr.
LaBelle, FL 33935

The undersigned inco	rporator(s) has(have) executed these Articles of Incorporation this
17th day ofM	ay , 19 <u>96</u>
(An additional article	must be added if an effective date is requested.)
_4	Olton R Juland Signature
	Signature
_	Signature

### Notarization is not required

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	e corporation is:	MESTEAD ACRES, INC.	C 2 2
2. The name and	address of the registered agent and o	ffice is:	ZI FILOS 18
	Rena I. DiPofi (NAME)		SAIDA SAIDA
	865 Fort Thompson Ave		
	LaBelle, FL 33935 (CHY/STATE)	ZiP)	

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.

Mena 10.17-96
(SIGNATURE) (DATE)