P96000590B

May 3, 1976

Secretary of State Division of Corporations P. O. Box 6327 Talabassee, FL 32314 000001615690 -05/09/96--01110--009 ****122.50 ****122.50

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Re:	Association	Management . 11	ıť.
		of cornoration)	

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Michelle	Stropo	/ AEG
(indi	ividual's name	
		SSET
Association	n Manage	ment, Inc
(name	of corporatio	DRIDA
MAILING ADD	TIESS OF CORP	OPATION
3801 h	1. Lake M.	nos Blud.
Suite 1	19	
Lake Ma	CYFL	32746
	PHONE	
(407) 33		
wen code	Number	Ext.



May 15, 1996

MICHELLE STROPOLI 3801 W. LAKE MARY BOULEVARD SUITE 119 LAKE MARY, FL 32746

SUBJECT: ASSOCIATION MANAGEMENT, INC.

Ref. Number: W96000010390

We have received your document for ASSOCIATION MANAGEMENT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filled and is being returned for the following correction(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.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6933.

Dana Farmer Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 296A00024175

ARTICLES	OF INCORPORATION	80 M
	of '	13/20 14/50
Southern Assume two	Management, Inc.	100 S
The undersigned subscriber(s) to these Articles of I corporation under the laws of the State of Flori-	ncorporation, natural person(s) compe da,	tent to contract (haroby forms)
ARTICLE	I - CORPORATE NAME	*4/
The name of the corporation is:		
Southern Association	Munnyement, Inc	····
ARTI	CLE II - DURATION	
This corporation shall exist perpetually unless dis	solved according to Florida law.	
ARTI	CLE III - PURPOSE	
The corporation is organized for the purpose of en United States and the State of Florida.		rmitted under the laws of the
ARTICLE	E IV - CAPITAL STOCK	
The corporation is authorized to issue Ten +A	shares (10 000)	of <u>one</u>
Dollar(s) (\$ /.00) par value Co		
ARTICLE V - INITIAL	REGISTERED OFFICE AND AGE	'NT
The street address of the Initial Registered Agent		
NAME Michelle Strongili		
ADDRESS 3801 W. L. Ko Mary B	· · · · · · · · · · · · · · · · · · ·	
CTIY Lake Mary		211 3279C
The principal office, if known, or the mailing ad-		
NAME Association Managene		······································
ADDRESS 3801 W Lake Mary	Bl. 1 St 119	
		ZIP 32796
CTIY Lake Mary		7.11° 32 77 C
· · · · · ·	TITIAL BOARD OF DIRECTORS	han af dinastana man ba nishan
increased or diminished from time to time by the addresses of the initial director(s) of the corpora	By-Laws, but shall never be less that tion are as follows:	an one (1). The names and
NAMIE Michelle Stropoli		17
ADDRESS 405 Country Wood Co	i le	
CTIY Lake Mary	STATE FC	2011 3274C
NAMI! Junes Stropoli		•
ADDRESS 405 Country Wood C.	rile	
CTIY Lake Mary	STATE /=C	zn 3 <i>279</i> 6
NAME		
ADDRESS		

STATE

ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

DORUSS 405 Country lus	xel Carlo	
Mry Lake Mary		201 3274G
<u> </u>		
*		
	woul Conte	0176.
erry Lake Macy	SIATH 7-C	7.11 3278 C
AMIL		
ADDRESS		
TTY	STATE	ZIP
day of, 19,	Ydukle Stigoli	(Scit)
		(Scal)
STATE OF FLORIDA)	
COUNTY OF	SS	
before me, a Notary Public authorized to tappeared;	ake acknowledgments in the State and County so	et forth above, personally
Signalure	Form of Identifies	aliou
Signature	Form of Identifica	ation .
V	Form of Identifie.	ation
Signature		
known to me and known to be the person(s) wh	to executed the foregoing Articles of Incorporation, eles of Incorporation, that I relied upon the formof ame, and that an oath was not taken.	
known to me and known to be the person(s) where thatexecuted these Artic	des of Incorporation, that I relied upon the form_of	identification of the above
known to me and known to be the person(s) where thatexecuted these Artic named person as indicated opposite each n	desofincorporation, that I relied upon the formof ame, and that an oath was not taken.	identification of the above
known to me and known to be the person(s) where that executed these Artic named person as indicated opposite each n	eles of Incorporation, that I relied upon the form_of ame, and that an oath was not taken. Witness my hand and official seal in the County	identification of the above

BODY 116. ABITCHES OF INCODEOUSTION

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CHRISTON C SELECTIONS

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

Southern	Association Managemen	t, Inc.
	(name of corporation)	

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	3801 W. Lake Mary Blud. Suite 119	
	Luke Mary, FL 32746	
has named _	Michelle Stapli	
	aforesaid address, as its Registered Agent to accept service of proce	is!
within this :	ate.	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

