P96000068599

TRANSMITTAL LETTER

De Div	partir Vision O. Bo: Vahas	ont c	of St	ate	O III II
P. (O. Ho	x 63	27"	· · · · · ·	CHS
Tal	lahas	800, I	FĽ 3	231	4

55 ETCHERT 1 53 1 EUR FARS -00709796--01072--009 -8888878.00 - 8888870.00

	Realty, Inc.			
(P	roposed corporate	name - must include suffix)		
		ppy of the articles of incorporation	n and a check	
∭ \$70.00 Filing Fee	XXk \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy & Certificate Additional Copy Required	STATE STATE STATE	
FROM:				
	FROM: Bobby L. Jackson Name (printed or typed)			
9178 Tottenham Ct.				
Address				
	Jacksonville, Florida 32257			
	City, State & Zip			
	(904) 731-2			
	Daytime 1	Telephone number		

W96-16901

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

M 8-16-96



August 13, 1996

BOBBY L. JACKSON 9178 TOTTENHAM CT, JACKSONVILLE, FL 32257

SUBJECT: AMSOUTH REALTY, INC. Ref. Number: W96000016901

We have received your document for AMSOUTH REALTY, INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed 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.

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) 487-6052.

Neysa Culligan Document Specialist

Letter Number: 996A00038480

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.

The name of the corporation shall be:

Realty, Inc.

9 47

ARTICLE II PRINCIPAL OFFICE

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

9178 Tottenham Court Jacksonville, FL 32257

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 shares at \$1 per share

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

> Bobby L. Jackson 9178 Tottenham Court Jacksonville, Florida 32257

INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(ea) of the incorporator(s) to these Articles of Incorporation is(nre):

Hobby L. Jackson 9178 Tottonham Ct. Jacksonville, F1, 32257

Mortha W. Jackson 9178 Tottenham Ct. Jacksonville, F1. 32257

The undersigned incorporator(s) has(h	ave) executed these Articles of Incorporation thi
6th day of August	, 19_96
(An additional article must be added if	in effective date is requested.)
Bubby .	Signature Signature
Marthe 7	
	G ignature

Notarization is not required

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	e corporation is:	Amsouth Roal	lty, Inc.		
2. The name and	address of the regis	tered agent and office	is:		•
	Bobby L. Jac	keon			
	9178 Tottenh	(NAME) om Ct.		96 SECR TALL/	
	(P.O. dox	or Mail Drop Box NOT A	CCEPTABLE)	ABS TE	F
	Jacksonville,	(CITY/STATE/ZIP)		OF STATE. FLORE	D
			ervice of process for the by accept the appointment		
relating to the prope obligations of my po			by accept the appointine omply with the provision , and I am familiar with	s of all statutes and accept the	
Bob	(SIGNATURE)	bron	August 6, 1996 (DATE)		