TRANSMITTAL LETTER

96 NOV-7 AM 10: 26

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

500001998995---7 -11/07/96--01044--009 ****122.50 ****122.50

SUBJECT:Maha	ogany Proper Proposed corporate	ties. Inc. e name - must include se	ulfix)
Enclosed is an original for : \$70.00 Filing Fee	and one (1) cop \$78.75 Filing Fee & Certificate	oy of the articles of X \$122.50 Filing Fee & Certified Copy	incorporation and a check \$131.25 Filing Fee, Certified Copy & Certificate
FROM:	<u>Artie S.</u> Name	Hope (printed or typed)	
	118 West	Adams Street Su Address	ite 710
		11e, F1 32202 ty, State & Zip	
	(904) 35	8- 6881	

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

, il:

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:

Mahogany Properties, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Post Office Box 12497 Jacksonville, Florida 32209-0497

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Artie S. Hope 118 West Adams Street Suite 710 Jacksonville, Fl 32202

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Artic S. Hope 118 West Adams Street Suite 710 Jacksonville, Fl 32202

6	day of <u>November</u>	, 19 <u>.96</u>
	arti S. Hope	: : :
	Signature	

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF CONTROL OF CON

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: Mahogany Properties, Inc.
2. The name and address of the registered agent and office is:
Artie S. Hope
(Name)
118 West Adams Street , Ste 710
(P.O. Box not acceptable)
Jacksonville, Fl 32202
(City/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.

Ocho S. Hore 11/6/96 (Date)