

P96000092824

SAMPLE LETTER OF TRANSMITTAL

DATE September 30, 1996

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

300002000573--9
-11/08/96--01072--003
****122.50 ****122.50

Re: Pinnacle Office Center Longwood, Inc., Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the 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.



Dan A. Colachicco
(Individual's Name)

FILED
NOV - 9 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pinnacle Office Center Longwood, Inc.
(Name of Corporation)

NOV 13 1996 BSB

MAILING ADDRESS OF CORPORATION		
Pinnacle Office Center Longwood, Inc.		
407 Wekiva Springs Rd. Suite 213		
Longwood, FL 32779		
PHONE		
(407) 862-7300		
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

Pinnacle Office Center Longwood, Inc.

(name of corporation)

FILED

96 NOV -8 PM 12:17

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt the following articles of incorporation for such corporation:

SECRETARY, ADDRESS
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Pinnacle Office Center Longwood, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	407 Wekiva Springs Rd		
	Suite 213		
CITY	Longwood	FLORIDA	ZIP 32779

Mailing address, if different

STREET ADDRESS			
CITY		FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Dan A. Colachicco		
ADDRESS	958 Cross Cut Way		
CITY	Longwood	FLORIDA	ZIP 32750

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation ~~shall~~ have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

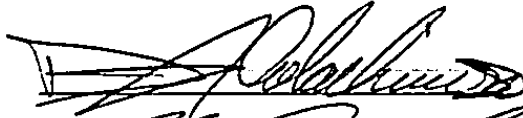
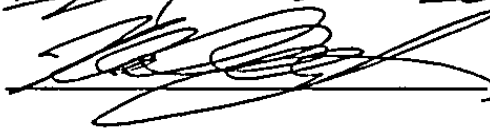
NAME <u>Dan A. Colachicco</u>		
ADDRESS <u>958 Crosscut Way</u>		
CITY <u>Longwood</u>	STATE <u>FL</u>	ZIP <u>32750</u>
NAME <u>Michael E. Mollica</u>		
ADDRESS <u>2624 Talbot Rd.</u>		
CITY <u>Fern Park</u>	STATE <u>FL</u>	ZIP <u>32730</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

ARTICLE VIII - INCORPORATORS

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

NAME <u>Dan A. Colachicco</u>		
ADDRESS <u>958 Cross Cut Way</u>		
CITY <u>Longwood</u>	STATE <u>FL</u>	ZIP <u>32750</u>
NAME <u>Michael E. Mollica</u>		
ADDRESS <u>2624 Talbot Rd.</u>		
CITY <u>Fern Park</u>	STATE <u>FL</u>	ZIP <u>32730</u>
NAME		
ADDRESS		
CITY	STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 30th day of September, 1996.

 (Signature)
 (Signature)
 _____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
96 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pinnacle Office Center Longwood, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, organized under the laws of the State of Florida with its registered office
as indicated in the Articles of Incorporation
at 445 Douglas Ave Suite 2005-16
Altamonte Springs, FL 32714
has named Dan A. Colachicco
located at the aforesaid address, as its registered agent to accept service of process within this
state.

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 regis-
tered 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.


(Signature)

9/30/96
(Date)