

**CORPORATE  
ACCESS,  
INC.**

**96000097923**

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

**WALK IN**

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1.) Ester Apt's. Inc.  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

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(CORPORATE NAME & DOCUMENT #)

9.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

10.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS** \_\_\_\_\_

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DIVISION OF CORPORATION

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## 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:

*ESTER APT'S INC.*

### ARTICLE II PRINCIPAL OFFICE

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

*Principal Place of Business*

*734 S.W. 2 ST  
MIAMI, FLORIDA 33130*

*\* Mailing address*

*P.O. BOX 560952  
MIAMI, FLORIDA 33256-0952*

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: *Five Hundred Shares (500) 1 Dollar PAR value*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*FRAN CURE*

*10070 S.W. 57 Ave*

*MIAMI, FLA 33156*

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):

Eloise Mitchell  
7747 S.W. 86 ST  
Mi. Ami, FLA 33143  
(Sole Share Holder)  
AT present

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2 day of November, 19 96.

By: Eloise Mitchell, Pres.  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 corporation is: ESTEC APT'S INC.

2. The name and address of the registered agent and office is:

FRAN CURE  
(NAME)

10070 S.W. 57 AVE  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FLA 33156  
(CITY/STATE/ZIP)

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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.

Fran Cure  
(SIGNATURE)

NOV. 2, 1996  
(DATE)