CORPORATE 276000 91923

ACCESS, INC.

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

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2.)(CORPORATE NAME & DOCUMENT #)	
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SPECIAL INSTRUCTIONS	
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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 257
M. Ami, Flaidt 33/30

* Mailing address
P.O. Box 560952
M. Ami, Floridt 33256-0952
ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: F. we Hendred 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 AUR Mi Ami, FIA 33156

ARTICLE V NCORPORATOR(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 Siw 8657 Mi Ami, FIA 33143 (Sole share Holder) AT present

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

2 day of <u>november</u>, 19 96

By & Claise 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 a	name of the corporation is:	FSTER APT'S I	n C.
2. The	name and address of the reg	istered agent and office is:	
	<i>F</i>	RAN CURE (NAME)	96 I
	100 70 (F.O.)	D S. W 57 A WE Box or fail Drop Box NOT ACCEPTABLE	- PS - T
	miam	, FIA 33156 (CITY/STATE/ZIP)	D PH I: I

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.

7 san (SIGNATURE) (DATE) (DATE)