ivision of Corporations P. O. Box 6327 Tallahassee, FL 32314 200002031412--4 -12/17/96--01140--007 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00 (Proposed corporate name - must include suffix) Enclosed is an original and one(1) copy of the articles of incorporation and a check for the component of the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the articles of incorporation and a check for the copy of the copy of the articles of incorporation and a check for the copy of the copy o □ \$ 逯 🕁 5 \$70.00 \$78.75 **\$122.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) why 505 Daytime Telephone number

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 18, 1996

MAURICE D. CARPENTER 557 WILKIE STREET DUNEDIN, FL 34698

SUBJECT: PONY'S PROPERTIES Ref. Number: W96000026622

We have received your document for PONY'S PROPERTIES and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6934.

Loria Poole Corporate Specialist

· Ens

Letter Number: 896A00056473

## 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:

96 DEC 26 PM 4: 24
SEURGERRY UN STATE
ALLAHASSEE FLORID

PONYS PROPERTIES INC.

#### ARTICLE II PRINCIPAL OFFICE

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

557 WILKIE STREET DUNEDIN, FL.

#### ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAURICE D. CARPENTER

557 Wilkie Street

DUNEDIN, FL. 34698

### 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):

M.D. CARPENTER C.O.B 557 Wilkin St. Dunesin, FL. 34498

PULPHON Ya'KUM G.M. " " " " "

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

3rd day of Dacombar, 1996.

(An additional article must be added if an effective date is requested.)

Marine Signature

Signature

Signature

Notarization is not required

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 PONY'S PROPIED	TIES ING.
2. The name and address of the registered agent and office is:	
Maurica D. Carpentar	96 DEC 26 SECRETARY TALL AHASSF
(P. O. Box of Mail Drop Box NOT ACCEPTABLE)	PH 1: 24  Y OF STATE FF FLORIDA
Dunadin, Fl. 34698 (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.

(Signature) 12-3-96 (Date)