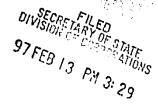
## CORPORATE ACCESS, 1116-D Thomasville Road. Mount Vernon Square. Tallahassee, Florida 32303 INC. P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666. Fax (904) 222-1666

CERTIFIED COPY РНОТО СОРУ (CORPORATE NAME & DOCUMENT #) 10.) \_\_\_\_(CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

## 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:

549 SLOOP LAME DEVELOPMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

6969 South Tamimii TRAIL SAKASOTA FLORIDA 34231

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 4000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MARK BRIVIK

6969 South TAMIAMI TRAIL SAMSOTA FL 34241

## 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):

MARK BRIVIK 6969 South TAMIAMI TRAIL SAENSOTA FL 34241

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

10 th day of February , 1997.

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:	549 SLOOP LANE	DEVELOPMENTING.
2. The name and address of the reg	istered agent and office is:	13 P. C. S.
MARK ,	BRIVIK (NAME)	3: 29
6969 So	BOX OF Mail Drop BOX NOT ACCEPTABLE)	SMMSota FL 34241
SAMS	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.



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