P9700004223

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

SUBJECT:	WARD	MANAGEME (Proposed co	NT Company opporate name - must include	e suffix)	
				4 00 002 1 7 -05/09/97- ******70.0	3024——3 01085002 00 *****70.00
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :					
Filing	0.00 Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL COPY REQUIRED		
FROM: R. Lee WARD Jr. Name (Printed or typed) 199 Winding DAKS LN. Address					LIS SULVENIENCES SAN TO THE COLOR SAN THE CO
	_0	Viedo Fi	32765 State & Zip	<u></u>	ELENS FIENS
(407) 333-2186 Daytime Telephone number					

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

E(2)3/21



ON SECTION FILED STATE

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

WARD MANAGEMENT COMPANY

ARTICLE II PRINCIPAL OFFICE

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

199 Winding DAKS LN. Oviedo, FL 32765

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

R. Lee WARD, Jr. 199 Winding OAKS LN. Oriedo, A. 72765

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

R. Lee WARD, Jr. 199 Winding DAKS W. DViedo, R. 32765

Signature/Incorporator

5/6/97

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

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/Registered Agent

5/6/97 Date