TRANSMITTAL LETTER

97 0000 423 75

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

SUBJECT:

Kentwood Homes, Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70,00 Filing Fee

\$78.75

Filing Fee

& Certificate

\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Lisa M. Burns

Name (Printed or typed)

2

PO Box 248

Address

Tallahassee, FL 32302

City, State & Zip

(904) 656-1700

Daytime Telephone number

К. Сенавына 6.41 1 3 1997

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

ARTICLES OF INCORPORATION

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

| ARTICLE . | ī | NΔ | ME |
|-----------|---|------|-------|
| AKTICLE. | 1 | IV.A | m E |

The name of the corporation shall be:

Mentwood Homes, Inc.

PRINCIPAL OFFICE ARTICLE II

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

PO Pox 248 274 Capital Circle SW Tallahassee, FI

SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lisa M. Purns 274 Capital Circle SW Tallahassee, FL 32310 EV INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Lisa M. Burns PO Pox 248

Tallahassee,

Signature/Incorporator

(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 5- 7- 97 Date

Signature/Registered Agent