# P97000053138

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

	PHIC PROPERTIES oposed corporate name - must include s	OF NOWH FLA. /NU suffix) 0000022123509 -06/16/9701015014 ****122.50 ****122.50
Enclosed is an original for :  \$70.00 Filing Fee	\$78.75 \$122.50 Filing Fee & Certificate  \$ Certified Copy	\$131.25 Filing Fee,
FROM:	Name (printed or typed)  533   DAVE NOA  Address	<i>ii</i>
	City, State & Zip  Onl-pul-USol  Daytime Telephone number	3250 FLORIDA 6

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

## ARTICLES OF INCORPORATION 97 JUN 16 AM 8: 16

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:

GRAPHIC PROPELTIES OF NORTH FL. INC.

#### ARTICLE II PRINCIPAL OFFICE

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

533 10 Ave NORTH, JAX PUH FL 32250

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: /, 000, 000 @ 1.00/

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PATRICK & HULLIGAN 533 DANE N DAY, BUH. PL 32250

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PATRICK & HULLIOAN PRESIDENT & DIRECTOR 533 IN AN N. JAN GUN. FL 3225U

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

13 day of JUNE 1997.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

2. The name	and addre	ess of the re	egistered agent and offic	iels: TALL 9	7]
_	PATE	ICK E	MULLI GAN	CANA 16	دين دند
			(Name)		
_	533	10 AV	(Name)		
		(P	.O. Box not acceptable)	E 16	
	JAX	FL	32256	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			(City/State/Zip)		
Having been above stated the appoint to comply with mance of my as registered	n named a d corporati nent as reg ith the prov duties, an	s registered on at the p distered ag visions of a did I am fam	d agent and to accept se lace designated in this c ent and agree to act in t ill statutes relating to the illar with and accept the	ervice of process for the sertificate, I hereby accept his capacity. I further agre e proper and complete perf obligations of my position	e Yor-

(Date)