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TRANSMITTAL LETTER

97 AUG -4 PH 1:2?

TĂLLAHAJCEL, FLORIDA

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 70002256067--9 -08/04/97--01041--018 ****122.50 ****122.50

SUBJECT:	Connell Homes, Inc.
	(proposed corporate name)
Enclosed is an orig for \$122.50_	inal and one (1) copy of the articles of incorporation and $$ our ch $_{-}$ \cdot
FROM:	Brian L. Connell
	Name (printed or typed) 4633 Castlewood Road
	Address Seffner, Fl 33584
	City, State, & Zip
	Telephone Number

Note: Please provide the original and one copy of the Articles.

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ARTICLES OF INCORPORATION

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FILED

97 AUG -4 PM 1: 20

TALLAHASSEE, FLORIDA

Connell Homes, Inc.

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:

Connell Homes, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4633 Castlewood Road Seffner, Fl 33584

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Brian L. Connell 4633 Castlewood Road Seffner, Fl 33584

ARTICLE V INCORPORATOR(S)

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

Brian L. Connell 4633 Castlewood Road Seffner, Fl 33584

Articles of Incorporation Filing Fee - \$35

FILED

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the what 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:		
2.	The name and address of the registered agent and office is:		
	Brian L. Connell		
	(NAME)		
	4633 Castlewood Road		
	(P.O. BOX NOT ACCEPTABLE)		
	Seffner, Fl 33584		
	(CITY/STATE/ZIP)		
PF TH AN PF	AVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT NO AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE ROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERDRANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.		
	SIGNATURE Brian R. Connue		

DATE _____July 21, 1997