797 PROFIT CIPTER 96453

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

400002342684---C -11/10/97--01082--016 ****131 25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for: **5**\$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: BRUCE 1371 PRINCE ROAD
Address ST. AUGUSTINE, FLORIDA
City, State & Zip

(904) 794 - 4831

Daytime Telephone number

PEACHTREE DESIGNER HOMES
(Proposed corporate name - must include suffix)

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

9111-12-97

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 I NAME

The name of the corporation shall be: PEACHTREE DESIGNER HOMES INC.

ARTICLE II PRINCIPAL OFFICE

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

PRINCE ROAD, ST. AUGUSTINE, FLORIDA

ARTICLE III SHARES

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

ONE THOUSAND (1,000) SHARES OF COMMON STOCK EACH SHARE HAVING A PAR VALUE OF \$ 1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

BRUCE MILITELLO 1371 PRINCE RD., ST. AUGUSTINE, FL. 32086

ARTICLE V INCORPORATOR

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

BRUCE MILITELLO 1371 PRINCE RD., ST. AUGUSTINE, FL. 32086

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 ocapt

ignature/Registered Agent