P97000002946

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

900002364349--8 -12/05/97--01079-7012 ****122.50 ****122.50

Re: Total Property Care, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

The represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Diane Sharpe Total Property Care, Director

2510 Grey Twig Lane Fort Pierce, FL 34981 (561) 466-0404





ARTICLES OF INCORPORATION

of

TOTAL PROPERTY CARE, INC.

(name of corporation)	
The undersigned acting as the incorporators of a corporation under the Florida the following articles of incorporation for such corporation:	a Business Corporation Act, adopt(s)
ARTICLE I - CORPORATE NAME	
The name of the corporation is:	
TOTAL PROPERTY CARE, INC.	
ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida	law.
ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or b United States and the State of Florida.	OF TO
ARTICLE IV - CAPITAL STOCK	
The corporation is authorized to issue 500shares of common stock, p	ar value \$ per share.
ARTICLE V - INITIAL PRINCIPAL OFFI The street address of the initial principal office and, if different, the mailing ac	
STREET ADDRESS 2510 Grey Twig Lane	
CITY Fort Pierce FLORIDA	ZIP 34981
Mailing address, if different	
STREET ADDRESS	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

FLORIDA

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME .	Diane Sharpe			
ADDRESS	2510 Grey Twig Lane			
CITY	Fort Pierce	FLORIDA	ZIP	34981

CITY

ZIP

•	ARTICLE	VII - INITIAL .	BOARD OF DIRECTOR	iS	
either increased or di	minished from time to time al director(s) of the corpor	e by the By-Law) directors initially. 7 s, but shall never be less the ws:	The number of director an one (1). The names	s may be
NAME _	Diane Sharpe				
ADDRESS	2510 Grey Twig L	ane			
CITY	Fort Pierce		STATE FL	ZIP 34	1981
NAME .	<u> </u>				
ADDRESS					
CITY		_	STATE	- ZIP	
NAME					
ADDRESS		-		<u> </u>	
CITY			STATE	ZIP	
NAME	Diane Sharpe	39	cles of Incorporation are as	, 10110W3.	
ADDRESS -	2510 Grey Twig La	ene e			
CITY	Fort Pierce		STATE FL	ZIP 3	4981
NAME		-			
ADDRESS		_			-
CITY			STATE	ZIP	
NAME _	· ·				
ADDRESS				-	
CITY	-	-	STATE	ZIP	# 13.
The undersigned in day of	corporator(s) have exec		les of Incorporation this	14TH	
		<u> </u>	Quine M. Sh	(Signa	ture)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

	755 9
TOTAL PROPERTY CARE, INC.	50000000000000000000000000000000000000
(name of corporation)	SSEE, FLORDA
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submit	itted:
The above corporation, organized under the laws of the State of Florida with its re	gistered office
as indicated in the Articles of Incorporation	
at 2510 Grey Twig Lane	
Fort Pierce, FL 34981	
has named Diane Sharpe	
located at the aforesaid address, as its registered agent to accept service of process	s within this
state.	

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.

November 14, 1997
(Signature) (Date)