## LAW OFFICE OF B. JOHN OVINK, P.A.

IMMIGRATION & NATURALIZATION LAW

CONFLICT MEDIATION

2402 CLEV LAND STREET OOO 082

PHONE: (8:13) 254 - 219

Tampa, 12-18-97

Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

200002382632--2 -12/24/97--01076--011 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

RE: Mediterranean Motel, Inc.

Dear Madam, Sir:

Enclosed are the original and two (2) copies of the articles of incorporation for the above corporation and a check in the amount of \$70.00 as payment for filing fees of the articles of incorporation and the registered agent designation.

Also enclosed is a prepaid Federal Express envelope. I would be most appreciative if you would please expedite filing this corporation. I have enclosed the Federal Express envelope to facilitate the return of the filed documents to me.

Should you have any further questions or concerns, I would request that you contact me directly via telephone (813) 254-2209, or telefax (813) 254-2948.

Thank you for your time and consideration,

With friendly greetings

B John Ovink, Esq. 2402 Cleveland Street Tampa, FL 33609 12-20-91

ARTICLES OF INCORPORATION 1 2 **FOR** 3 MEDITERRANEAN MOTEL, INC. 5 6 ARTICLE ONE (i) NAME 7 8 The name of the corporation shall be: Mediterranean Motel, Inc. 9 10 ARTICLE TWO (II) PURPOSE OF THIS CORPORATION 11 12 This corporation is organized for the following purpose: the general purpose for which this corporation shall be organized shall include the transaction of any and all lawful business for which corporations 13 14 may be incorporated under Chapter 607, Florida Statutes. 15 ARTICLE THREE (III) PRINCIPAL OFFICE 16 17 18 The principal place of business and mailing address of this corporation shall be: 19 2402 Cleveland Street, Tampa, FL 33609 20 21 ARTICLE FOUR (IV) CAPITAL STOCK 22 The number of shares of stock that this corporation is authorized to have outstanding at any one time 23 24 is: one thousand shares of common stock, having a par value of \$ 1.-- per share. The stock as aforesaid

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purpose.

shall be paid for in lawful money of the United States, or in property, labor or services at a just valuation

to be fixed by the incorporators, or by the Board of Directors at a meeting to be called for that special

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2	ARTICLE FIVE (V) INITIAL REGISTERED AGENT AND ADDRESS
3	20 400 Ct. 1- 104 Thursday
4	The street address of the initial registered office of this corporation is 2402 Cleveland Street Tampa,
5	FL 33609. The name of the initial registered agent of this corporation at that address is B. John Ovink.
6	
7	ARTICLE SIX (VI) OWNERSHIP
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9	This is a corporation wholly owned by the following person:
10	Peter VARGAS
11	
12	ARTICLE SEVEN (VII) INCORPORATOR
13	
14	The name and street address of the person signing these articles is:
15	B. John Ovink 2402 Cleveland Street
16	Tampa, FL 33609
17	
18	ARTICLE EIGHT (VIII) POWERS
19	
20	This corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.
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22	IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this
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27	B. John Ovink
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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT.

John Ovink, Registered Agent

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and county set forth above, personally appeared B. John Ovink, who is personally known to me and known by me to be the person who executed the foregoing Articles of Incorporation; and acknowledged before me that he executed these Articles of Incorporation.

WITNESS my hand and official seal this

Day of <u>December</u>

REGINA E. WARD
MY COMMISSION # CC 604925
EXPIRES: December 3, 2000

Bonded Thru Notary Public Underwriters

Notary Public

Print Name

My Commission expires:

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