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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: .	Golf Plats (Proposed corpor	Jnc rate name - must include suf	Tix)		
			,		
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a c	check for :		
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM:	John C. Wi	1/14ms inted or typed)			
	1920 Montgomery Pl				
Tacksonville, Fl 32205 City, State & Zip					
904) 388-6699 Fax 904-388-3377  Daytime Telephone number					
		P.Hall	JAN 5 6 1998		

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

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Floridecret ARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation.

TALLAHASSEE, FLORIDA

ARTICLE I NAME	_
The name of the corporation shall be:	<del>-</del>
Golf PLOTS, Inc	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	-
3368 Lakeshore Blud	
Jacksonville, Fl 32210	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
100	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AD The name and Florida street address of the initial registered agent are:  Tohn C. William's 1920 Montgomery Pl.; Jacksonville, Fl	
ARTICLE V INCORPORATOR	
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	
John C. Williams	
3360-C bakes hore Blud	
Jacksonville, Fl 32210	
San C Villeans 1/2	0/98
// Signature/Incorporator	Date

(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 above stated agent of my position as registered agent

Signature/Registered Agent

Date Date