# P98000017450

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

800002437168—6 -02/23/98--01012--002 \*\*\*\*131.25 \*\*\*\*\*131.25

Pine Valley, Inc.  SUBJECT:					
Fundamental and a second and					
Enclosed is an original and  \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	Willia	m P. Smith	PY REQUIRED	_	
	Name (Printed or typed)		SEC	98	
	P.O. Box 1996 * 3422 Hwy. 98 W. #7		RETATA AHASS	FEB 2	7
	Address		س	23 産	_
	Santa Rosa Beach, Fl 32459				تر
	City, State & Zip			4.4 3.5 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0	
	(850) 267-1331				
	Daytime Tele	phone number			

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

# 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:

Pine Valley, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1996

3422 Hwy. 98 W. #7

Santa Rosa Beach, FI 32459

Santa Rosa Beach, Fl 32459

#### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

3422 Hwy. 98 W #7

Santa Rosa Beach, FI 32433

### ARTICLE V INCORPORATOR

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

William Paul Smith 1120 Rock Hill Road DeFuniak Springs, Fl 32433

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 obligations of my position as registered agent

Signature/Registered Agent

Date

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