P98 ASIT CLETER 25698

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

400002460754----03/18/98--01061--008 ****131.25 ****131.25

SUBJECT: The Management Company, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50

Filing Fee & Certified Copy \$131.25 Filing Fee,

Certified Copy

& Certificate

JH 4753

VADDITIONAL COPY REQUIRED

FROM: Patricia + Sones

Name (Printed or typed)

221 tonte Vedra Park Dr. Suite 400

Horite Vedra Beach Fl 32082

904 · 273 · 8887 ~ 94 · 280 · 9988

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SECRETARY OF STATE
TALL AMASSEE, FLORIDA

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

9N31998

ARTICLES OF INCORPORATION

The undersigned incorporator, or the purposes of forming a corporation under the Elorida.

Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be THE MANAGEMENT COMPANY, INC.

ARTICLE II - PRINCIPAL OFFICE

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

221 Ponte Vedra Park Drive, Suite 400 Ponte Vedra Beach, Fl 32082

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.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Marvin H. Goldberg 221 Ponte Vedra Park Drive, Suite 400 Ponte Vedra Beach, Fl 32082

ARTICLE V - INCORPORATOR

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

Patricia P. Sones

221 Ponte Vedra Park Drive, Suite 400

Ponte Vedra Beach, Fl 32082

Signature/Incorporator

Date

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/Registeren Agent

Date

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