P980000303035

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

SUBJECT:

900002493559-- E -04/20/98 -01058--011 ******70.00 ******70.00

	(proposed corporate name)
Enclosed pleas above corpora	se find an original and one (1) copy of the articles of incorporation for the tion and check in the amount of \$
FROM:	Name PORTER Address Address
	City, State, & Zip (813) 595 - 5714 Telephone Number

98 APR 20 AH 8: 49
SECRETARY OF STATE
NALLAHASSEE FLORING

Note: Additional copy of articles is needed when certified copy is requested.



98 APR 20 AH 8: 49
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

GROVEPORT, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE ! NAME

The name of the corporation shall be:

GROVEPORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1400 GULF BLVD # 701 CLEARN ATER, FL; 33767

ARTICLE III CAPITAL STOCK

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

ONE HUNDRED SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

PARENT PORTER 1400 HULF BLVD #701 CLEARWATER FL 33767

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ZOBERT FORTER
TRICIA BEVER
2907 SAN NICHOLAS DRIVE
TAMPA FL 33629

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:
2.	The name and address of the registered agent and office is:
	(NAME)
	1400 EWLF BLYD SWITE 701 (P.O. BOX NOT ACCEPTABLE)
	(P.O. BOX <u>NOT</u> ACCEPTABLE)
	CREADWATER PL 33767
	(CITY/STATE/ZIP)

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

DATE

98 APR 20 AM 8: 49
SECRETARY OF STATI

REGISTERED AGENT FILING FEE: \$35.00