## TRANSMITTY LETTER /

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

800002521978--5 -05/13/98--01074--017 \*\*\*\*131.25 \*\*\*\*131.25

SUBJECT:	Autumn Horizons (Proposed corpor	s. Inc. rate name - must include suf	fix)
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a c	heck for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy  ADDITIONAL COI	\$131.25 Filing Fee, Certified Copy & Certificate
FROM: _	Maureen Lenart	<b>.</b>	<u></u>
-	Name (Printed or typed)  P. O. Box 951385 Address  Lake Mary, Florida 32795 City, State & Zip  (407) 322-3287 Daytime Telephone number		

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

## - ARTICLES OF INCORPORATION

98 MAY 13 AM 10: 09

The undersigned incorporator, for the purpose of forming a corporation under the Florida CRETARY OF STATE TALLAHASSEE FLORIDA Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Autumn Horizons, Inc.

PRINCIPAL OFFICE ARTICLE II

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

535 Webster Street P. O. Box 951385 Lk. Mary, FL. 32746

Lake Mary, Florida

32746

ARTICLE III SHARES

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

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Monica Lenart 535 Webster Street Lake Mary, Florida

**INCORPORATOR** 

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

Maureen Lenart 535 Webster Street Lake Mary, Florida 32746

Maurem a Signature/Incorporator

Maureen Lenart

(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