P98000060943

March 25, 1996

Sandra Mortham Secretary of State Division of Corporations PO BOX 6327 Tallahassee, Florida, 32314

300002567943---5 -06/22/98--01081--002 *****78.75 ******78.75

TO WHOM IT MAY CONCERN:

Enclosed please find one copy and an original of the articles of incorporation and a check for \$78.75 for filing fee and certificte.

PALM ENTERPRISES, INC.

a for profit Florida Corporation, engaged in the business of motel, hotel and innkeeping.

Officers will include, but not be limited to: JOSEPH GRAZIANO AND CAROLE C

If further information is needed, please contact me at: 408 NORTH MARION STREET, LAKE CIT FL. 32055, (904) 758-8745

Sincerely,

Carole C. Graziano

Carole C Gragian

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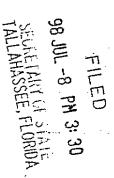
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 24, 1998

JOSEPH GRAZIANO 408 N MARION STREET LAKE CITY, FL 32055

SUBJECT: PALM ENTERPRISES, INC.

Ref. Number: W98000014458



We have received your document for PALM ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 398A00034654

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florid Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: SHADY PALM ENTERPRISES, INC.

ARTICLE II – PRINCIPAL OFFICE

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

2969 COUNTY ROAD 136, WHITE SPRINGS, FLORIDA 32096

ARTICLE III - SHARES

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

10,000 SHARES, ALL OF ONE CLASS VALUE \$50 per share

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROLE C. GRAZIANO 408 NORTH MARION STREET LAKE CITY, FLORIDA 32055

ARTICLE V – INCORPORATOR

SHADY PALM ENTERPRISES, INC.

The street address of the corporation's initial registered office and the name of its initial registered agent at that office are as follows:

Carole Graziano, Registered Agent 408 North Marion Street Lake City, Florida 32055

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

CAROLE GRAZIANO

STATE OF FLORIDA COUNTY OF COLUMBIA

Acknowledged before me

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personally known to me

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____,who is as identification,

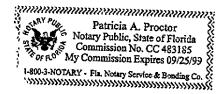
OTARY PUBLIC-STATE OF FLORIDA

Name:

Patricia A. Proctor

Commission No.:

My Commission Expires:



The names and address of the I	ncorporator(s)) signing these Art	icles of	
Incorporation are:		-		
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Joseph Graziano, President				
Corde Stoylow				
Carole Graziano, Séc Treas.				
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IN WITNESS WHEREOF, the	undersigned	Incorporates have	executed	
these Articles of Incorporation	- 17	d day of bee	• •	
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On July Brd, 17	70 <u>0</u>	before	ρ_{a} .	1
me, NOTARY) Personally ap		led poseph L	nasimi	/
who is personally known to me (or pro-	ved to me on the b	asis of satisfactory evid	dence) to be the	
person(s) whose name(s) is/are subscrib	ped to the within i	nstrument and acknowl	edged to me that	
he/she/they executed the same in his/he				
signature(s) on the instrument the perso	on(s), or the entity	upon behalf of which t	he person(s)	
acted, executed the instrument.				
WITNESS my hand and official seal.				
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Signature of Notary	Type of ID	KIIOWII	i founced ID	,

