7/30/98 10:14 AM FLORIDA DIVISION OF CORPORATIONS

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(((H98000014097 3)))

TO: DIVISION OF CORPORATIONS

FAX #:

(850) 922-4001

FROM: AL CLARK

ACCT#:

072100000173

CONTACT: AL CLARK PHONE: (813)398-6011

FAX #:

(813)397-5189 __

NAME: VILLA GRACE AND VILLA MARIA, CORP.

AUDIT NUMBER...... H98000014097

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0 CERT. COPIES.....0 PAGES..... 3

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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

98 JUL 30 PH 2: 32
SECRLIARY OF STATE

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ARTICLES OF INCORPORATION

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 I NAME

The name of the corporation shall be

Villa Grace and Villa Maria, Corp.

ARTICLE II PRINCIPAL OFFICE

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

8340 43th Way N. Pinellas Park, FL. 33781

ARTICLE III

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

1000 SHARES <u>NO PAR</u>

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

prepared by:

Name: Jesus Lopez Address: 8340 43 Way N. Pinellas Park, FL. 33781

PH# 727-546-2113

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A SEMINOLE, Florida 33777

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Jesus Lopez 8340 43rd Way N. Pinellas Park, FL. 33781

The undersigned incorporator(s) has (have) executed these Articles of Incorporation t	his
$30^{\pm 1}$ day of 504 1998 .	
(An additional article must be added if an effective date is requested.)	
X Justinature Signature	•
Signature	
Signature	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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:

Villa Grace and Villa Maria, Carp.

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC, (Name)

8668 PARK BLVD. Suite A (P.O. Box not acceptable)

SEMINOLE Florida 33777 (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.

____ DATE <u>7-30-98</u>

PRESIDENT

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314