

PA8000087521



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 993905 80913A

AUTHORIZATION :

COST LIMIT :

Katrina Ryzak
~~\$98.75~~

Prepaid

ORDER DATE : October 13, 1998

ORDER TIME : 10:05 AM

ORDER NO. : 993905-005

CUSTOMER NO: 80913A

CUSTOMER: James D. Salter, Esq
SALTER FEIBER YENSER & MURPHY
SALTER FEIBER YENSER & MURPHY
703 Northeast 1st Street

Gainesville, FL 32601

800002662526-3
-10/13/98-01039-014
*****78.75 *****78.75

DOMESTIC FILING

NAME: JAMES L. CHAPMAN FAMILY
CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

*file
1st*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 13 PM 1:23

RECEIVED
98 OCT 13 AM 11:28
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 13 PM 1:23

ARTICLES OF INCORPORATION

OF

JAMES L. CHAPMAN FAMILY CORPORATION

THE UNDERSIGNED incorporator does hereby agree to incorporate a corporation for profit under the laws of the State of Florida, of the United States of America, by and under the provisions and statutes of that State, providing for the formation, liability, rights, privileges, benefits and obligations conferred and imposed by said law on corporations organized pursuant to the provisions thereof, and hereby makes, subscribes and acknowledges and files these Articles of Incorporation as follows:

ARTICLE I NAME OF CORPORATION

1.01 NAME. -- The name of this corporation shall be **JAMES L. CHAPMAN FAMILY CORPORATION.**

ARTICLE II GENERAL NATURE OF BUSINESS

2.01 POWERS. -- This corporation may engage in any activity or business permitted under F.S. 607 of the laws of the State of Florida.

ARTICLE III STOCK

3.01 NUMBER. -- The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one class of Common Stock totalling 100 shares and having a par value of \$1.00 per share.

ARTICLE IV ADDRESS OF CORPORATION AND REGISTERED AGENT

4.01 PRINCIPAL OFFICE. -- The street address of the principal office of the proposed corporation in the State of Florida is 616 NW 99th Terrace, Gainesville, FL 32607. The mailing address of the corporation is 616 NW 99th Terrace, Gainesville, FL 32607.

4.02 RELOCATION. -- The Board of Directors may from time to time move the principal office to any other address in Florida.

4.03 REGISTERED AGENT. -- The initial registered agent of the corporation is James L. Chapman and his business office and address is 616 NW 99th Terrace, Gainesville, FL 32607.

ARTICLE V
NAME AND ADDRESS OF INCORPORATOR

5.01 DESIGNATION. -- The name and street address of the incorporator of the Articles of Incorporation is as follows:

<u>NAME</u>	<u>ADDRESS</u>
James L. Chapman	616 NW 99 th Terrace, Gainesville, FL 32607

THE UNDERSIGNED, being the Incorporator to the Capital Stock hereintofore named, for the purpose of forming a corporation to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.


IN WITNESS WHEREOF, I have hereunto set my hand and seal this 9th day of October, 1998.


JAMES L. CHAPMAN

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 9th day of October, 1998, by **JAMES L. CHAPMAN**, the Incorporator, who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed the same for the purposes therein expressed.

(SEAL)


Notary Public, State of Florida
My Commission Expires:
Serial Number:

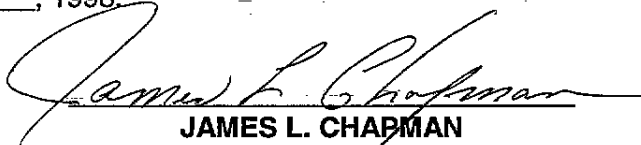


James D. Salter
MY COMMISSION # CC745573 EXPIRES
May 30, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF REGISTERED AGENT

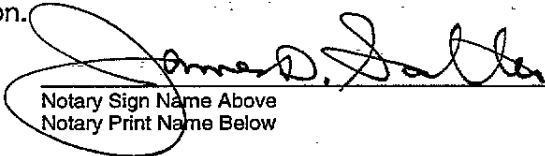
I HEREBY accept designation of registered agent for **JAMES L. CHAPMAN FAMILY CORPORATION**, and hereby agree to fulfill the obligations thereof.

IN WITNESS WHEREOF, I have hereto set my hand and seal this 9th day of October, 1998.


JAMES L. CHAPMAN

**STATE OF FLORIDA
COUNTY OF ALACHUA**

The foregoing instrument was acknowledged before me this 9th day of October, 1998, by **JAMES L. CHAPMAN**, Registered Agent, who executed the foregoing Certificate of Registered Agent, and he acknowledged before me that he executed the same for the purposes therein expressed. Such person(s): X is/are personally known to me, _____ produced a current Florida Driver's license as identification, or _____ produced _____ as identification.


Notary Sign Name Above
Notary Print Name Below

Notary Public, State of Florida
My Commission Expires:
Serial Number:

(SEAL)



James D. Salter
MY COMMISSION # CC745573 EXPIRES
May 30, 2002
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 13 PM 1:23