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Department of State				 -
Division of Corporation	ons		پی	3 ≦ £
P. O. Box 6327				
Tallahassee, FL 32314			98 NO	
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Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a	check for:	
\$70.00	\$78.75	□ \$78.75	3 \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
·	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
		ADDITIONAL CO	Status PY REQUIRED	
FROM	: SANDRA A. STARNIERI Name (Pr	rinted or typed)		f =
	P. O. BOX 793	Address		يرا ينفرين
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	MIDDLEBURG, FL 3	2050-0793	-11/18/98010 *****87.50 *	J58UU3 *****87.50
		State & Zip		

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

Daytime Telephone number

(904) 264-3055

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MAGNOLIA HOUSE OF MIDDLEBURG, INC.

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ARTICLE II PRINCIPAL OFFICE

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

P. O. BOX 793
MAIN STREET
MIDDLEBURG, FL 32068

ARTICLE III SHARES

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

100 SHÄRES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JILL SUTTON
4301 CHOKEBERRY ROAD
MIDDLEBURG, FL 32068

ARTICLE V INCORPORATOR

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

SANDRA A. STARNIERI 1800 SOUTHLAKE DRIVE MIDDLEBURG, FL 32068

Signature/Incorporator

120145 Date

(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

Date