

TRANSMITTAL LETTER

P99000003706

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

SUBJECT: Historic Villages of Saint Augustine Inc.

EFFECTIVE DATE
1-7-99

100002737021--1
-01/11/99-01128-017
*****18.75 *****18.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75
Fee Filing Fee & Certificate of Status

Charles F. Ponce Jr.
348 St. George Ave.
St. Augustine Fl. 32095
Ph. (904) 824-9160

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

FILED
99 JAN 11 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB
1-13-99
2

EFFECTIVE DATE

1-7-99

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:
Historic Villages of Saint Augustine Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
254 San Marco Ave.
St. Augustine Fl. 32084

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

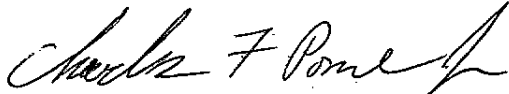
The name and Florida street address of the initial registered agent are:
Charles F. Ponce Jr.
348 St. George Ave.
St. Augustine Fl. 32095

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:
Charles F. Ponce Jr.
348 St. George Ave.
St. Augustine Fl. 32095

ARTICLE VI EFFECTIVE DATE

The effective date of this corporation is: January 7, 1999



Signature/Incorporator

1-6-99

Date

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

1-6-99

Date

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