

TRANSMITTAL LETTER

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

200002790202--0

-03/01/99--01062--016

\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Ocean Pines Associates, Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: John V. Richards  
Name (Printed or typed)

5 Willow Dr.  
Address

St. Augustine, FL 32084  
City, State & Zip

(904) 471-4436  
Daytime Telephone number

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

99 MAR - 1 PM 3:12

FILED

B. BROOK MAR 1 1999

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

# 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:

Ocean Pines Associates, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

5 Willow Dr.  
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

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

John V. Richards  
5 Willow Dr.  
St. Augustine, FL 32084

## ARTICLE V INCORPORATOR

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

John V. Richards  
5 Willow Dr.  
St. Augustine, FL 32084

Signature/Incorporator

Date

Article IV Effective Date  
March 1, 1999

(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

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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2/23/1999

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