

99000029761

TRANSMITTAL LETTER

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

900002821539--1
-03/29/99-01074--007
*****78.75 *****78.75

SUBJECT: Redwood Communities, 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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Casey Loveall & John Ross
Name (Printed or typed)

103 North Main Street
Address

Wildwood, Florida 34785
City, State & Zip

352-330-4000
Daytime Telephone number

99 MAR 29 PM 4: 17

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Redwood Communities, Inc.

ARTICLE II PRINCIPAL OFFICE

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

103 North Main Street
Wildwood, Florida 34785

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CASEY LOVEALL
12402 South Elm Point
Florida City, Florida 34436

ARTICLE V INCORPORATOR

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

John M. Ross
14556 S.E. 175th Street
Weirsdale, Florida 32195

Signature/Incorporator

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

Note: The principal office and registered office

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99 MAR 29 PM 4:17

3/24/99

3-24-99