

Division of Corporations

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P99000039237

## Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : DANIEL HICKS, P.A.  
Account Number : 075061003325  
Phone : (352) 351-3353  
Fax Number : (352) 351-8054

SECRETARY OF STATE  
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## FLORIDA PROFIT CORPORATION OR P.A.

Stonegate Double, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

OF

STONEGATE DOUBLE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation act, does hereby adopt the following Articles of Incorporation:

ARTICLE I  
NAME AND ADDRESS

The name of the Corporation shall be: STONEGATE DOUBLE, INC.

The address of the principal office of the Corporation is: 421 S. Pine Avenue, Ocala, FL 34474 and the mailing address of the Corporation is: 421 S. Pine Avenue, Ocala, FL 34474.

ARTICLE II  
DURATION

This Corporation shall have perpetual existence.

Daniel Hicks, P.A.  
421 South Pine Avenue  
Ocala, FL 34474  
Phone No: (352) 351-3353  
Florida Bar No: 0145139

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**ARTICLE III**  
**BUSINESS OBJECTS OR PURPOSE**

The general nature of the business to be transacted by this Corporation or the objects or purposes of the Corporation shall be as follows:

1. To engage in and transact any lawful business for which corporation may be incorporated under the Florida Business Corporation Act and other incorporation laws of the State of Florida. No other purpose limits this general purpose in any way.

2. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

**ARTICLE IV**  
**AUTHORIZED SHARES**

The aggregate number of shares which the Corporation is authorized to issue is 100 shares of common stock. Such shares shall be of a single class and shall have a par value of \$.10

**ARTICLE V**  
**INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Corporation is: 421 S. Pine Avenue, Ocala, FL 34474, and the name of the initial Registered Agent at that address is: Sheila Howard.

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ARTICLE VI  
INITIAL BOARD OF DIRECTORS

The number of Directors constituting the initial Board of Directors is one  
(1). The number of Directors may be increased or decreased from time to time in accordance with the Bylaws but shall never be less than one. The names and addresses of the Initial Officers/Directors of the Corporation are:

PRESIDENT: Sheila Howard

ARTICLE VII  
INCORPORATORS

The name and address of the Incorporator is as follows:  
Sheila Howard, 421 S. Pine Avenue, Ocala, FL 34474.

ARTICLE VIII  
AMENDMENT

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 28 day of April, 1999.

  
Sheila Howard

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STATE OF FLORIDA  
COUNTY OF MARION

Before me personally appeared Sheila Howard, to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that she executed said instrument for the purposes therein expressed, and that she is personally known to me.

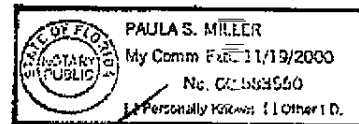
WITNESS my hand and official seal this 28 day of April, 1999.

Paula S. Miller  
Notary Public

My Commission expires:

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Commission Number)



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ACCEPTANCE BY DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated Corporation at the place designated in this statement, 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.

  
Sheila Howard

Date: 4-28-99

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