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

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	id one(1) copy of the artic	les of incorporation and a c	theck for :	<u> -</u>
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
	•	ADDITIONAL CO	PY REQUIRED	
FROM:	HARRY K	WIATKOWSKI Printed or typed)	SEC.	
	306 N	EBRASKA AÜ	AUG RETAR Allass	-
		Address		

(Proposed corporate name - must include suffix)

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

849 1670

Daytime Telephone number

ARTICLES OF INCORPORATION

OF

CLERMONT VISTA, INC.

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: Clermont Vista, Inc.

ARTICLE II PRINCIPAL OFFICE

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

306 Nebraska Ave. Longwood, Fl. 32750

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares.

ARTICLE IV PURPOSE

The general nature of the business to be transacted by this corporation and its powers shall be to engage in any lawful business as provided for under the laws of the State of Florida.



ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

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

Harry S. Kwiatkowski 306 Nebraska Ave. Longwood, Fl. 32750

ARTICLE V INCORPORATOR

The name and street address of the incorporator of these Articles of Incorporation is:

Harry S. Kwiatkowski 306 Nebraska Ave. Longwood, Fl. 32750

Signature/Incorporator

August 11, 1999

Date

Having been named 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

August 11, 1999

Date

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SECRETARY OF STATE
TALLAHASSEE FLORING