# TOTAL DETTED

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

SUBJECT:

ORMOND CAB Co.

(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$ 70 62

Name (printed or typed)

14 CYPRESS IN THE WOOD

Address
PORT ORANGE, FL 32119

(904) 673 — 8332

Telephone Number

99 SEP -9 AM 7:27
SECRETARY OF STATE
TAIL AHASSEF FLORIDA

Note: Please provide the original and one copy of the Articles.

FROM:

# ARTICLES OF INCORPORATION

<u>OF</u>

ORMOND.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLET NAME

The name of the corporation shall be:

ORMOND C.O.

# ARTICLE II PRINCIPAL OFFICE

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

CYPRESS IN THE Goow

PORT ORANGE, FL 32119

### ARTICLE III <u>SHARES</u>

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

100 SHARES

\$ 100 A SHAPE

The name and address of the initial registered agent is:

HARDY BRADFORD FOX RUN

ORMOND BEACH, FL

# ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BRADFORD D. HARDY

II FOX RUN TRAIL

ORMOND BEACH, FL 32174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

FIRST (i) day of SEPTEMBER, 19 97.

Budden Signature

Signature

Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

998EP 9 44 7:27 Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is:	RMO	۸۷	CAB	Co.		<del></del>
				,			
		· · · · · · · · · · · · · · · · · · ·			<del> </del>	<del></del>	<del></del> *
2.	The name and address of the registered	d agent a	and offi	ce is:		•	
	BRADFORD D. H	+ARD	t				.;
	(NAME)	···············-					
	11 FOX RUN TRAH	11_					
	(P.O. BOX <u>NOT</u> ACCEPTABLE)						=
	ORMOND BEACH,	FĊ	321	74	,		
	(CITY/STATE						

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 PLR-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-TIONS OF MY POSITION AS REGISTERED AGENT.