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\*\*\*\*78. 75 CORPORATION NAME(S) AND DOCUMENT NUMBER(S) (if known): Walk In Pick Up Time Certified Copy Mail Out Certificate of Status Will Wait Certificate of Good Standing RUSH Photocopy ARTICLES ONLY ALL CHARTER DE **関係NEW:EILINGS** SAMENDMENTS TO THE Profit Amendment NonProfit Resignation of R.A. Officer/Director Limited Liability Change of Registered Agent Certificate of FIC到到GUS:NA Domestication Dissolution/Withdrawal Other Merger FICTITIOUS NAME SEARCH CORP SEARCH SCOTHER FILINGSTON REGISTRATION/QUALIFICATION: Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

# ARTICLES OF INCORPORATION

**OF** 

### DESIGNERS CHOICE OF OCALA, INC.

The undersigned hereby organize and subscribe to these Articles of Incorporation understhe laws of Florida.

I.

The name of the corporation shall be:

### DESIGNERS CHOICE OF OCALA, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

810 S.W. 80 Street Ocala, FL 34476

and the name of its initial Registered Agent at such address shall be:

ANTHONY A. SARANDES

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

Anthony A. Sarandes 810 S.W. 80 Street Ocala, FL 34476

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this day of October, 1999.

ANTHONY A SARANDES

# STATE OF FLORIDA COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared ANTHONY A. SARANDES, who is/are personally known to me or produced \_\_\_\_\_\_ as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Marion County, Florida this \_\_\_\_\_\_ day of October, 1999.

Notary Public

My commission expires:

H. Randolph Klein
MY COMMISSION # CC627668 EXPIRES
June 12, 2001
RONDED THRILTEDY FAIN INSURANCE, INC.

Having been named Registered Agent of DESIGNERS CHOICE OF OCALA, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

ANTHONY A./SARANDES

Registered Agent

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