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

5000003051385 -11/22/99--01112--019 ****122.50 *****78.75

Subject:

Best Western Ocean Inn, 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

\$78.75

Filing Fee

Filing Fee & Certificate

X \$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee **Certified Copy** &Certificate

Additional copy required

FROM:

Richard D. Bell

Name (printed or typed)

1750 Hwy A1A South, Suite D

Address

St Augustine, FI 32084

City/State/Zip

(904) 471-7200

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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.



ARTICLE I NAME

The name of the corporation shall be:

Best Western Ocean Inn, Inc. 3955 A1A South St. Augustine, FL 32084

ARTICLE II PRINCIPAL OFFICE

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

3955 A1A South St. Augustine, FL 32084

ARTICLE III SHARES

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gregory A. Trzaska 3955 A1A South St. Augustine, FL 32084

ARTICLE V. INCORPORATORS

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

Donovan & Bell CPA's PA 1750 A1A South, Ste D St Augustine, FL 32084

ARTICLE VI. OFFICERS

The name and addresses of the initial officers of the corporation who shall hold office for the first year of the corporation, or until their successors are elected or appointed are:

President: Gregory A. Trzaska

3955 A1A Souht

St. Augustine, FL 32084

Sec/Treas: Antoni Trzaska

3955 A1A South

St. Augustine, FL 32084

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(An a	dditional a	rticle must be	added if ar	n effective dat	e is requeste	d)	
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Notarization is not required

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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. In	e name	of the	Cori	poration	is:
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Best Western Ocean Inn, Inc.

2. The name and address of the registered agent and office is:

Gregory A. Trzaska (Name)

3955 A1A South

(P.O. Box NOT acceptable)

St. Augustine, FL 32084 (City/State/Zip)

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

)ata

REGISTERED AGENT FILING FEE: \$35.00