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(Re	equestor's Name)	
(Ad	ldress)	
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TRANSMITTAL LETTER

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

	.(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	-
\$70.00 Filing Fee	iginal and one (1) copy of the ar \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: <u>F</u>		e (Printed or typed)	Contract of the Contract of t	·
FROM: <u>F</u>	ARZIN DARABI Nam POBOX 350688	e (Printed or typed) Address	<u> </u>	01.000

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
The name of the corporation shall be:
300 ADAMS CORP
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: POBOX 350688 JACKSONVILLE,FL,32235
ARTICLE III PURPOSE The purpose for which the corporation is organized is: PROPERTY MANAGMENT
ARTICLE IV SHARES The number of shares of stock is: 100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): BARRY KOSROWZADEH PRESIDENT 3701 COASTAL VIEW DR
FARZIN DARABI The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: FARZIN DARABI
FARZIN DARABI 63 BEACH AVE ATLANTIC BEACH,FL,32233
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: FARZIN DARABI 63 BEACH AVE ATLANTIC BEACH,FL32233

Signature/Registered Agent Date 9/4/04
Signature/Incorporator Date