

P9600029495

Number only

4/3/96

VALIDATION ONLY

FILED
APR 4 1996
STATE OF MISSISSIPPI
DIVISION OF CORPORATION

Requester's Name _____
 Address P1312 _____
 City _____ State _____ ZIP _____ Phone _____

CORPORATION(S) NAME

Southeast Concepts, Inc.

STATE OF MISSISSIPPI
DIVISION OF CORPORATION
1157 BRIDGE STREET
TOLSON, MISSISSIPPI 39201

 MISSISSIPPI
Toll Free: 1-800-432-3028

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amenment	<input type="checkbox"/> Merger
<input type="checkbox"/> NonProfit	<input type="checkbox"/> Foreign	<input type="checkbox"/> Mark
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Reinstatement	<input type="checkbox"/> Reservation	<input type="checkbox"/> Change of Registered Agent
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photo Copies	<input type="checkbox"/> Certificate Under Seal
<input checked="" type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
		<input type="checkbox"/> Mail Out

CERTIFIED COPY

F. CHESSER APR 4 1996

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation under the Florida General Corporation Act, adopt the following articles of incorporation for such corporation:

The name of the corporation is Southeast Concepts, Inc.

The period of its duration is perpetual.

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

The principal place of business of the corporation is 9169 West Sunrise Boulevard, Plantation, Florida 33322

The corporation shall have authority to issue 1000 shares, all of one class, 1.25 par value.

The address of its initial registered office is 9169 West Sunrise Boulevard, Plantation, Florida 33322 and the name of its initial registered agent at said address is Robert J. Sciascia

The number of directors constituting its initial board of directors is 2 whose name(s) and address(es) is (are)

Name	Address
Robert J. Sciascia	9169 West Sunrise Boulevard Plantation, FL 33322
Barbara Sciascia	same

The name(s) and address(es) of the incorporator(s) is (are):

Name	Address
Robert J. Sciascia	9169 West Sunrise Boulevard Plantation, FL 33322

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96 APR -4 PM 12:51

TALLAHASSEE, FLORIDA

Robert J. Sciascia

Signature of Incorporators

Dated 4/1, 1996

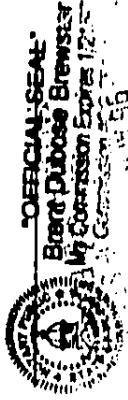
STATE OF FLORIDA
COUNTY OF Duval

Before me, the undersigned authority, personally appeared Robert J. Sciascia who is to me well known to be the person described in an who subscribes the above articles of incorporation, and he did agree, and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal, at Tallahassee in said County and State this 1st day of April, 1996.

Robert J. Sciascia
Notary Public
STATE OF FLORIDA

My commission expires



FILED
19 APR 4 1996

FEES: \$122.50

CERTIFICATE OF DESIGNATION
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 to designate the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Southeast Concepts, Inc.

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

Robert J. Scieszka
(Name)

7169 West Sunrise Boulevard
(P.O. Box Not Acceptable)

Plantation, Florida 33322
(City/State/Zip)

SIGNATURE Robert J. Scieszka
(Corporate Officer)

TITLE President

DATE MARCH 30, 1996

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 Robert J. Scieszka

DATE MARCH 30, 1996

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STATEMENT OF STATE
TALLAHASSEE, FLORIDA