

P96000033476

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Southern K. Williams Inc.

96 APR 17 PM 2:18

CC FEE: NOT DISBURSED
 TALLAHASSEE, FLORIDA

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

- Capital Express™
- Art. of Inc. File
- Corp. Record Search
- Ltd. Partnership File
- Foreign Corp. File
- (-) Cert. Copy(s) Photo
- Art. of Amend. File
- Dissolution/Withdrawal
- C U S-
- Fictitious Name File
- Name Reservation
- Annual Report/Reinstatement
- Reg. Agent Service
- Document Filing
- Corporate KII
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 File
- UCC 11 Search
- UCC 11 Retrieval
- File No.'s, _____ Copies
- Courier Service _____
- Shipping/Handling
- Phone () _____
- Top Priority _____
- Express Mail Prop. _____
- FAX () _____ pgs.

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 -04/17/96--01066--019
 *****70:00 *****70:00

RECEIVED
 APR 17 PM 2:18
 CAPITAL CONNECTION, INC.
 TALLAHASSEE, FLORIDA

SUBTOTALS _____

OK 4/17/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<u>[Signature]</u>	_____	_____

WALK-IN Will Pick Up 4/17 1:00

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: Southern Kiwi, Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of Incorporation and our check
for \$ 35.00 filing fee
35.00 registered agent
\$ 70.00

FROM:

Southern Kiwi, Inc.
Name (printed or typed)
92220 Overseas Highway
Address
Tavernier, Fl. 33070
City, State, & Zip
(305) 852-6317
Telephone Number

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

ARTICLES OF INCORPORATION

OF

Southern Kiwi, Inc.

FILED

96 APR 17 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Southern Kiwi, Inc.

ARTICLE II PRINCIPAL OFFICE

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

92220 Overseas Highway
Tavernier, Florida 33070

ARTICLE III CAPITAL STOCK

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Wayne Otto-Fitzdom
138 Plantation Avenue
Tavernier, Florida 33070

ARTICLE V INCORPORATOR(S)


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

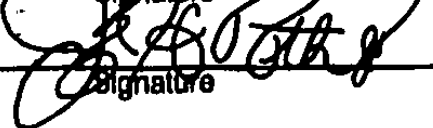
Timothy Quann
124 Pearl Avenue
Tavernier, Fl. 33070

Joseph H. Roth, Jr.
87851 Old Highway # P-23
Islamorada, Fl. 33070

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

16th day of April, 19 96.



Signature


Signature

Signature

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

FILED

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, hereby files the following statement in designating the registered office/registered agent, in the State of Florida.

APR 21 1996
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is: Southern Kiwi, Inc.

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

Wayne Otto-Fitzdom
(NAME)

138 Plantation Avenue
(P.O. BOX NOT ACCEPTABLE)

Tavernier, Fl. 33070
(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 Wayne Otto-Fitzdom

DATE 4/16/96

REGISTERED AGENT FILING FEE: \$35.00