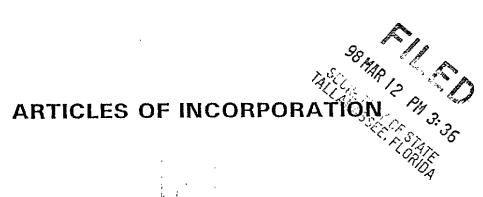
Pagooda 25538 TRANSMITTAL LETTER

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

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sed is an original	and one (1) cor	ογ of the articles of	incorporation an	nd a chec	k
= \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
FROM:	PETE Nam	e (printed or typed)	-14		
	PONTE	Address VEDLA BE			೨೮
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BY PHONE TO e to: Southe	m Rise, In	C.	ייטיס הריין בטואומא	IR 12 PM 3: 36	
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NOTE: Please provide the original and one copy of the articles.



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 Rise, Inc.

ARTICLE II PRINCIPAL OFFICE

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

SOS BOARDWAIK DR. #218 PONTE VEDRA BEACH FL 32082

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: PETER SCHMIAT

SAME AS APTICLE II

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorpora-

PETER SCHMIDT, TERRI SCHMIST

SOS BOARDWALK DR. #212
PONTE VEDRA BEACH FL 32082
·
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
3 day of DreamBel, 1997.
·
Signature Jerr Schmidt
Signature
Signature

Articles of Incorporation Filing Fee - \$35.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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. The name of the corporation is: Southern Rise, Inc.	
2. The name and address of the registered agent and office is: PETER SHMIDT HARTSEE, FLORIDA (Name) (Name) (P.O. Box not acceptable) PONTE VEDRA BEACH FL 32082 (City/State/Zip)	110

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)

(Date)