P98800028191

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETARY OF STATIONS
IVISION OF CORPORATIONS
IVISION OF CORPORATIONS

SUBJECT: Home town Inclustries Inc.
(Proposed corporate name - must include suffix)

000002469320--2 -03/26/98--01062--020 *****131.25 *****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

\$78.75
Filing Fee
& Certificate

□\$122.50 Filing Fee

\$131.25 Filing Fee,

& Certified Copy

Certified Copy & Certificate

& Columbia

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed

Address

Tallahassee F). 32310

0-575-4028

Daytime Telephone number

98 MAR 26 PM 12: 31

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be: Hometown Industries, INC.

PRINCIPAL OFFICE ARTICLE II

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

7601 Blownstown Hwy Vallahassee FL. 32310

ARTICLE III SHARES

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

100 @ \$1,00 Each

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joel C. Vice

35 ZION HII Rel

CRAWfordville FL. 32327

ARTICLE V INCORPORATOR

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

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent