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CAPITAL CONNE 417 E. Virginia St., Suite 1, Tallahas Mailing Address: Post Office Box 1	see, FL 32301, (904)224-8870	RE: Laconian	52280 Sciety
TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222		OF West Flo	orida Inc.
		Capital Express ***	C.C. FEE. DISBURSED
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11-2529-7 PONDER'S INC , THOMASVILLE, GA.

ARTICLES OF INCORPORATION

OF

LACONIAN SOCIETY OF WEST FLORIDA, INC. 95 JMH 10 FH 2: 59

The undersigned, acting as incorporators of a corporation pursuant to Chapter 617, Florida Statues, adopt the following Articles of Incorporation of such corporation:

ARTICLE I

The name of the corporation shall be:

LACONIAN SOCIETY OF WEST FLORIDA, INC.

The principal place of business of this corporation shall be: 667 SNUG ISLAND, CLEARWATER, FLORIDA 34630.

The mailing address of this corporation shall be: 667 SNUG ISLAND, CLEARWATER, FLORIDA 34630.

ARTICLE II

The period of the duration of this corporation is perpetual unless dissolved according to law and the existence of this corporation shall commence with the filing with the Secretary of State.

ARTICLE III

The purpose for which the corporation is organized is to provide organization to promote the Greek-American culture and provide for the welfare and education of people of the Greek-American herritage.

ARTICLE IV

The qualifications for members and the manner of their admission are provided for in the ByLaws.

ARTICLE V

The manner in which the directors are z - Ated or elected is provided for in the ByLaws.

The number constituting the initial Board of Directors of the corporation is three (3), and the names and addresses of the persons who are to serve initially are:

NAME

Terry Tsafatinos President

Vasilios Lambrianakos Vice President

John Tsetsekas Secretary

ADDRESS

667 Snug Island Clearwater, FL 34630

5027 Muellers Lane Safety Harbor, FL 34695

400 Island Way #1604 Clearwater, FL 34630

ARTICLE VI

This corporation is organized under a non-stock basis.

ARTICLE VII

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Section 501 (c) (3) and 170 (c) (2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State or Local Government for exclusive public purpose.

ARTICLE VIII

The name and address of each incorporator is:

NAME

ADDRESS

Terry Tsafatinos President

667 Snug Island Clearwater, FL 34630

Vasilios Lambrianakos Vice President

5027 Muellers Lane Safety Harbor, FL 34695

John Tsetsekas Secretary

400 Island Way #1604 Clearwater, FL 34630

IN WITNESS WHEREOF the undersigned incorpogators have executed these Articles of Incorporation this Gth day _ 1996.

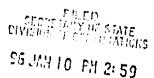
Signature of Incorporators:

STATE OF FLORIDA COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledged and sworn to before me this 44 day of Annew , 1996, by Terry Tsafatinos, Vasilios Lambrianakos and John Tsetsekas of Laconian Society of West Florida, Inc.

BARBARA J. SMITH Notary Public, State of Florida My Comm. expires Sept. 5, 1999 No. CC 493424 Bonded Thru Official Metarg Serbica 1-(800) 723-0121

My Commission Expires:



CERTIFICATE DESIGNATING

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

LACONIAN SOCIETY OF WEST FLORIDA, INC.

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

Name: TERRY TSAFATINOS

Address: 667 SNUG ISLAND

City: CLEARWATER

State: FLORIDA

Zip: 34630

SIGNATURE

(Corporate Officer

TITLE:

PRESIDENT

DATE:

1/9/96

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

DATE:

19/9/