

TRANSMITTAL LETTER

P 0 2 0 0 0 0 8 3 1 7 4

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUL 31 AM 9:09

SUBJECT: SOUTHERN COUNTRY, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: JOHN CAMPEN  
Name (Printed or typed)

700006811907--5  
-07/31/02--01031--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

P.O. Box 140907  
Address

Gainesville, FL 32614-0907  
City, State & Zip

(352) 331-4367  
Daytime Telephone number

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

602A 46287

F. CHESSE

AUG

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be: SOUTHERN COUNTRY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: Mailing Address:  
Principal place of business: P.O. Box 140907  
10535 US Hwy 301 South Gainesville, FL 32614-0907  
Hampton, FL 32044

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general nature of the business to be transacted by this Corporation is to engage in any and all business permitted under the laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time is 2000 shares of common stock having a par value of \$1.00 per share.

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOHN CAMPEN  
2613 S.W. 81st Street  
Gainesville, FL 32607

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN CAMPEN  
P.O. Box 140907  
Gainesville, FL 32614-0907

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\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

John Campen  
Signature/Registered Agent

7-30-02  
Date

John Campen  
Signature/Incorporator

7-30-02  
Date