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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521~1000 Phone Fax Number

: (850) 558-1575

# FLORIDA PROFIT CORPORATION OR P.A.

## SOUTHERN SOL, INC.

Certificate of Status	0
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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 NAME

The name of the corporation shall be: Southern Sol, Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

2069 Vinings Circle, #1204. Wellington, Florida 33414

#### ARTICLE III SHARES

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

100

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barry M. Sickles, Esq.

3300 University Drive, Suite 210, Coral Springs, Florida 33065

### ARTICLE V INCORPORATOR

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

Robert W. Stevens

2069 Vinings Circle, #1204, Wellington, Florida 33414

ARTICLE VI INITIAL DIRECTORS OF THE CORPORATION

President: Robert W. Stevens

2069 Vinings Circle, #1204, Wellington, Florida 33414

Vice President: Dora A. Stevens

2069 Vinings Circle, #1204, Wellington, Florida 33414

Secretary/Treasurer:

ARTICLE XI PURPOSE

Te purpose of this Corporation is retail sales and related services

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(2)

Signature/Incorporator

Robert W. Stevens

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

Having been named as registered agent ant 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 dulies, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Barry M. Sickles, Esq.