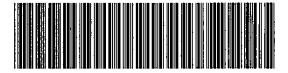
## P1000084833

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800186206198

10/15/10--01011--004 \*\*78.75

SECRETARY OF STATE TALLAHASSEE. FLORIDA





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

ARTICLE I The name of the co	NAME Southern Resellers, In proportion shall be:	nc.	
ARTICLE II	PRINCIPAL OFFICE		
4	Principal street address	· Mailing	address, if different is:
-	395 Sourwood Court	· · · · · · · · · · · · · · · · · · ·	
7	North Fort Myers, FL 33917		
-			
ARTICLE III	PURPOSE		
The purpose for w Reseller	rhich the corporation is organized is:		
ARTICLE IV The number of share	<del></del>		
	INITIAL OFFICERS AND/OR DIRECTO		
	itle: Michael Virsack / Director		
Address:	1395 Sourwood Ct.		
	North Fort Myers, FL 33917	<del></del>	
		<del></del>	.,,
	itle:		
Address:	**************************************	Address:	
		<del></del>	· · · · · · · · · · · · · · · · · · ·
Name and Ti Address:	itle:		
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	Michael Virsack		
Address:	1395 Sourwood Ct.		
	North Fort Myers, FL 33917		
ARTICLE VII	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Michael Virsack		
Address:	1395 Sourwood Ct	<u> </u>	
	North Fort Myers, FL 33917	<u> </u>	
	ed as registered agent to accept service of pro m familiar with and accept the appointment as		
			October 10, 2010
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein of states a third degree fel		
			Ostabar 40, 0040
	Required Signature/Incorporator	<del></del>	October 10, 2010 Date
	reduited Signature/incorborator		Date