

P95000013618

Date 01-17-95

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

Re: WILLIAMS - O'KON DESIGNS, Inc.
(name of corporation)

700001384637
-01/19/95--01078--004
***122.50 ***122.50

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Jacqueline P. Williams
(individual's name)

WILLIAMS - O'KON DESIGNS, Inc.
(name of corporation)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 AM 10:14

W95.1624
612, 611
KAN 1-24

MAILING ADDRESS OF CORPORATION		
WILLIAMS - O'KON DESIGNS, INC. 809 LOMAX STREET		
JACKSONVILLE, FL 32204		
PHONE		
(904)	355-7844	
Area Code	Number	Ext.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 24, 1995

JACQUELINE P. WILLIAMS
809 LOMAX STREET
JACKSONVILLE, FL 32204

SUBJECT: WILLIAMS - O'KON DESIGNS, INC.
Ref. Number: W95000001624

We have received your document for WILLIAMS - O'KON DESIGNS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 795A00002885



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 8, 1995

JACQUELINE P. WILLIAMS
809 LOMAX STREET
JACKSONVILLE, FL 32204

SUBJECT: WILLIAMS - O'KON DESIGNS, INC.
Ref. Number: W95000001624

We have received your document for WILLIAMS - O'KON DESIGNS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Kevin Nickens
Document Specialist

Letter Number: 795A00005535

ARTICLES OF INCORPORATION

of

WILLIAMS - O'KON DESIGNS, INC.
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

WILLIAMS - O'KON DESIGNS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue five hundred shares (500) of ONE DOLLAR Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent's office and the name of the Initial Registered Agent at that office is:

NAME	HASTINGS WILLIAMS, JR		
ADDRESS	2027 COURTNEY DRIVE 809 Lomax Street		
CITY	JACKSONVILLE	FLORIDA	FL ZIP 32204

The principal office, if known, or the mailing address of the corporation is:

NAME	WILLIAMS - O'KON DESIGNS, INC		
ADDRESS	809 Lomax Street		
CITY	JACKSONVILLE	FLORIDA	FL ZIP 32204

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Jacqueline P. Williams		
ADDRESS	809 Lomax Street		
CITY	JACKSONVILLE	STATE	FL ZIP 32204
NAME	Walker O'Kon		
ADDRESS	93A KING STREET 809 Lomax Street		
CITY	ST. AUGUSTINE JACKSONVILLE	STATE	FL ZIP 32204
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED STATE
SECRETARY OF CORPORATIONS
95 FEB 17 AM 10:14

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JACQUELINE P. WILLIAMS		
ADDRESS	809 LOMAX STREET		
CITY	JACKSONVILLE	STATE	FL ZIP 32204
NAME	WALTER O'KON		
ADDRESS	93A KING STREET 809 LOMAX STREET		
CITY	ST. AUGUSTINE JACKSONVILLE	STATE	FL ZIP 32204
NAME			
ADDRESS			
	STATE		ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 17 day of JANUARY, 1995.

Jacqueline P. Williams (Seal)
[Signature] (Seal)
[Signature] (Seal)

STATE OF FLORIDA)
COUNTY OF St. Johns) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

Jacqueline P. Williams Signature Jacqueline P. Williams Florida Driver's License Form of Identification
[Signature] Signature Walter O'Kon personally known to me Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that They executed these Articles of Incorporation, that I relied upon the form 2 of identification of the above named persons as indicated opposite each name, and that an oath was not taken.



OFFICIAL SEAL
DONNA S. HARTLEY
My Commission Expires
May 20, 1996
Comm. No. CC 202794

Witness my hand and official seal in the County and State last aforesaid this 17th day of January, 1995

Donna S. Hartley Notary Signature
Donna S. Hartley Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT
OF**

WILLIAMS - O'KON DESIGNS, INC.
(name of corporation)

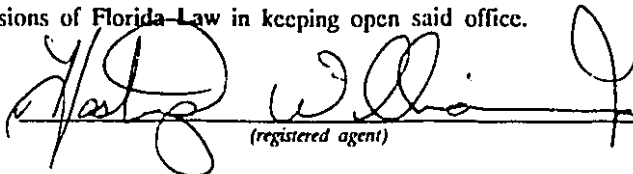
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 909 LOMAX STREET
JACKSONVILLE, FL 32204

has named HASTINGS WILLIAMS, JR.
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)