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TRANSMITTAL LETTER

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

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SUBJECT: She		name - must include suffix)		
Enclosed is an originator: \$70.00 Filing Fee	2 \$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee & Certified Copy & Certificate Additional Copy Required		
FROM: De Hy Posey Name (printed or typed)				
	Hwy 48	P. C. Box 937 Address	95 I	-71
	Panacca, Cit	1-/ 3.2546 y, State & Zip	MA 21	ingered ingered ingered ingered ingered ingered
		Telephone number		

NANCY HENDRICKS MAR 2 1 1995

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

ARTICLES OF INCORPORATION 21 10 20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: She II Boy Sectional Inc.

ARTICLE II PRINCIPAL OFFICE

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

Panacci, 11 32346

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

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I male on propht
Panacea, FL

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Betty Posey - P.O.Box 843 - Panacca, F/. 32346
David Wesson - Rt. 1 Box 3/30 Crawfordville F/.
Vickiec Wesson - Rt. 1 Box 3/30 Crawfordville 32327

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

______13 day of March 1995.

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Shall hay Santon /	THE ST LINE
2.	The name and address of the registered agent and office is:	
	Dicky Pasa. (Name)	Then
	Huy 98 turn right onto Corrang las	off in law
	(P.O. Box or Mail Drop Box NOT acceptable)	er yoght
	(City/State/Zip)	•

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

Birthy Broken	3 14.75	
(Signature)	(Date)	