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TRANSMITTAL LETTER

RECOMEN SOUT-1 FILL: 27 March Collocation

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

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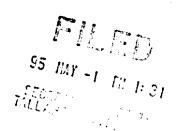
SUBJECT: SHARECEC FER INCEST MENTS INC.

(Proposed corporate name - must include suffix)

Encto: for :	sed is an origina \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	*\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a check	
`\.	FROM:	SylviA S. JACKSON Name (printed or typed)			100 m	្រ ម ប្រ
My J		LAKE C	. Biy 394 Address 1.Ty, Fl 3	2024		etva isa a a a a a a a a a a a a a a
		904	7, State & Zip 755-2803 Telephone number		(.)	

NANCY HENDRICKS MAY - 1 1995

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



ARTICLES OF INCORPORATION

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:

SHARE CROPER INVESTMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

R4 2. Box 394 LAKE City, FL 32024

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Sylvia S. Jackson Rt 2. Boy 394 LAKE CITY, FL 32024

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Sylvin S. JACKSON At 2. Box 394 LAKE CITY, FL

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: SHARE CREPOR. INVOS	AMENTS, INC
2.	The name and address of the registered agent and office is:	
	Sylvin S. TACKERN (NAME)	
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
	Lake 11, Ty Fl 32024 (CHY/STATE/ZIP)	<u>.</u>

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.

(SIGNATURE) 5/1/95 (DATE)