100043904 (Address) 222 <u> 3440</u> OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Decument #) (Corporation Name) (Document #) MOLEVICE CONTRACTION Walk in Pick up time **Certified Copy** Will wait Mail out Photocopy Certificate of Status <u>}:</u> Ö **NEW FILINGS AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent 78/95-11581 Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials Other

CR2E031(10/92)



FLORIDA DEPARTMENT OF STATIST JUL -7 PH 1: 39 Secretary of State DIVISION OF CORROBATION

June 7, 1995

FRANCIS & SWEET POST OFFICE BOX 10551 TALLAHASSEE, FL 32302

SUBJECT: SOUTHERN INVESTMENT COMPANY

Ref. Number: W95000011581

We have received your document for SOUTHERN INVESTMENT COMPANY and your check(s) totaling \$245.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 095A00028036

ARTICLES OF INCORPORATION

OF

SOUTHERN MANAGEMENT & INVESTMENT COMPANY

ARTICLE L. NAME

The name of the corporation is SOUTHERN MANAGEMENT & INVESTMENT COMPANY.

ARTICLE II. DURATION

This corporation is to exist perpetually.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any or all business now or hereafter permitted under the laws of the United States and Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue 100 shares at \$1.00 par value common stock.

ARTICLE V. INITIAL REGISTERED OFFICE AND AGENT

The corporate address and the street address of the initial registered office of this corporation shall be 2529 Marston Road, Tallahassee, Florida 32312, and the name of the initial registered agent of this corporation at that address is LESLIE A. MCLEAN, II. The mailing address of the corporation shall be P. O. Box 14342, Tallahassee, Florida 32317-4342.

ARTICLE VI. INITIAL DIRECTORS

This corporation shall have no less than one nor more than three Directors. The number of Directors may be either increased or decreased from time to time by the Bylaws, but until such time as the number is changed by the Bylaws, there shall initially be one Director. The name and address

of the initial Director of this corporation is: LESLIE A. MCLEAN, ÎL

2529 Marston Road Tallabassee, FL 32312

ARTICLE VII. INCORPORATORS

The name and address of the incorporator signing these Articles is:

LESLIE A. MCLEAN, II

2529 Marston Road Tallahassee, FL 32312

IN WITNESS WHEREOF, these Articles have been executed and subscribed to by the Incorporator signing below this 111 day of June, 1995.

LESLIE A. MCLEAN, II

STATE OF FLORIDA **COUNTY OF LEON**

I HEREBY CERTIFY that on this 7 day of June, 1995, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared LESLIE A. MCLEAN, II, to me known to be the person described as Incorporator in and who executed the foregoing Articles of I corporation, and acknowledged before me that he subscribed to the same. He is personally known to me or has produced a driver's license as identification.

Print Name:

My commission expires:

MY COMMISSION # CC406881 EXPIRES

September 13, 1998

BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.091, Florida Statutes, the following is submitted:

FIRST -- That SOUTHERN M/ NAGEMENT & INVESTMENT COMPANY desiring to organize and qualify under the laws of the State of Florida, with its principal place of business in Tallahassee, Leon County, Florida, has named LESLIE A. MCLEAN, II, located at 2529 Marston Road, Tallahassee, Florida 32312, as its agent to accept service of process within Florida.

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

Signature:

Date: 6-7-93