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FILED 95 JUN 19 AM 10: 58 SECRETARY OF STATE TALLAHAS SEE, FLORIDA

Zimmer & Lawson	TA
(Requestor's Name)	
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1ampa de 33606	OFFICE USE ONLY
(City, State, Zip) (Phone #)	

Foreign

Other

Limited Partnership

Reinstatement Trademark

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Examiner's Initials

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CORPORATION NA	ME(s) & DOCUMENT NU	JMBER(S) (if known):
1. <u>Scc</u>	thouse Th	(Document of)
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Walk in	Pick up time	Certified Copy
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NEW FILINGS	AMENDMENTS:	
Profit	Amendment	- Arc
NonProfit	Resignation of R.A., Off	icer/Director /AG
Limited Liability	Change of Registered A	gent
Domestication	Dissolution/Withdrawal	· · · · · · · · · · · · · · · · · · ·
Other	Merger	50/31
OTHER FILINGS	REGISTRATION/	50 Jak
Annual Report	QUALIFICATION	j , , , , , , , , , , , , , , , , , , ,

CR2E031(10/92)

Fictitious Name

Name Reservation



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 30, 1995

ZIMMER & LAWSON 106 S. ALBANY AVE. TAMPA, FL 33606

SUBJECT: SOUTHERN TREASURES, INC.

Ref. Number: W95000011131

We have received your document for SOUTHERN TREASURES, 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 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) 487-6973.

AMANDA HERRING Document Specialist

Letter Number: 995A00026973

ARTICLES OF INCORPORATION

OF

KAREN'S SOUTHERN TREASURES, INC.	
The undersigned incorporator(s), for the purpose of forming a co- Florida Business Corporation Act, hereby adopt(s) the following Artic	rporation under the les of Incomporation.
	THE PLUE
ARTICLE I NAME	Series To
The name of the corporation shall be:	FLORIE STATE
KAREN'S SOUTHERN TREASURES, INC.	*

ARTICLE II PRINCIPAL OFFICE

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

5523 SWEETWATER OAK DR., SARASTOA, FL. 34233

ARTICLE III SHARES

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

500sh

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KAREN GOUDREAU 5523 SWEETWATER OAK DR. SARASOTA, FL. 34233

ARTICLE V INCORPORATOR(S)

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

KAREN GOUDREAU 5523 SWEETWATER OAK DR., SARASOTA, FL. 34233

The undersigned in	ncorporator(s) has	(have) executed	these Articles of Inco	rporation this
	day of		, 19	
,(
Xa	TO 16	Signature		
	· · · · · · · · · · · · · · · · · · ·	Signature		
		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:	SOUTHERN	TREASURES, INC.	
1. 1110 1101110	, of the corporation is			
2. The name	and address of the re	egistered agent	and office is:	
	KAREN	GOUDREAU		
•		(Name)		
	552 3	SWEETWATER OA	K DR.,	40 95
•	(P.	O. Box not accep	ptable)	FIG L TI
	SARASO	TA, FL.	34233	
•		(City/State/Zip)		
				7257
				器 59
Having been	named as registered	agent and to a	ccept service of pro	cess for the
above stated	n named as registered I corporation at the planent as registered age th the provisions of all I duties, and I am famili	ace designated	in this certificate, I act in this capacity	hereby accept I further agree
to comply wi	th the provisions of all	statutes relatives services in the services in the services and according to the services in t	ng to the proper and	complete perfor- of my position
as registered	agent.		cept tivo obligations	., , , , , , , , , , , , , , , , , , ,
Vian	2 to Nava	ac		
1.67	(Signature)			