FLORIDA DIVISION OF CORPORATIONS PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

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DIVISION OF CORPORATIONS TO:

DEPARTMENT OF STATE

409 EAST GAINES STREET TALLAHASSEE, FL 32399

FAX: (904) 922-4000

FROM: CONTINENTAL STAMP & SEAL

8744 SW 133 STREET

MIAML, FL 33176-5929000

CONTACT: JENNIFER BENSCH (305) 232-2226

PHONE:

(305) 238-6422 FAX:

DOCUMENT TYPE: FLORIDA CORPORATION OR P.A. (((H95000007070)))

SOUTHERN EXPOSURE LTD. INC. NAME:

FAX AUDIT NUMBER: H95000007070

06/26/1995 DATE REQUESTED:

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NUMBER OF PAGES:

ESTIMATED CHARGE: \$78.75

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TIME REQUESTED: 1:30 PM CERTIFICATE OF STATUS: 1

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 26, 1995

CONTINENTAL STAMP & SKAL

MIAMI, PL

SUBJECT: SOUTHERN EXPOSURE LTD. INC.

REF: W95000013021

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 517.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this latter to ensure proper handling.

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) 487-6931.

Steven Godfrey Corporate Specialist. FAX Aud. #: H9500007070'
Lealter Number: 295A00031308

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ARTICLES OF INCORPORATION

QE.

SOUTHERN EXPOSURE DE HIANI, INC.

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

ARTICLE | NAME

The name of the corporation shall be:

SOUTHERN EXPOSURE OF MIAHI, INC.

ARTICLE II PRINCIPAL OFFICE

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

8706 SW 145 St. MIAMI, FL. 33176

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DAVID A. JEFFERIES 8706 SW 145 St.

MIAMI, FL. 33176

H95000007070

JENNIFER BENSCH CONTINENTAL STAMP & SEAL 8744 S.W. 133 STREET MIAMI, FL 33176-5929 (305) 232-2226 H95000007070

ARTICLE V INCORPORATOR(S)

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

DAULD A. JEFFERIES 8706 SW 145 St. Mlami, FL. 33176

The undersigned h	as(have) exe	cuted these Article	s of Incorporation this
20世	day of	JUNE	. 19 <u>95</u> .
		مر صنو	PRESIDENT gnature/Title
		Signature/Title	
		Sig	gnature/Title
		Sid	neture/Title

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

ine ne	me of the corporation is:
The na	me and address of the registered agent and office is:
	DAVID A. JEFFERIES (NAME)
	8716 SW 145 ST.
	(P.O. BOX NOT ACCEPTABLE) Miani, FL. 33176
	(CITY/STATE/ZIP)
	SIGNATURE (corporate officer) S
	TITLE PRESIDENT EE &
	DATE 20 DW 95

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
H9500007070	DATE ZU JW 95

REGISTERED AGENT FILING FEE: \$35.00