# Department of State This MITTLE ELLIPSIDE 9/ APR = 8 Vio: Int (IV. JOH OF IV PORATER)

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

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South Eng- SUBJECT: Meri		pply Ini			
(F	Proposed corporate	hame ( must include su	uffix)		
Enclosed is an original for :	and one (1) co	py of the articles o	of incorporation	and a check	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required		
FROM:					
	Name	(printed or typed)			
	10707	N.W. 18 TA	CT		
		Address			
	GAINLES	<del></del>	32606	99	
	- Cr	y, State & Zip		i P	:59

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

Daytime Telephone number

#### ARTICLES OF INCORPORATION



96 APR -3 AII 10: 07

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: SOUTH RAST AMERICAN SUPPLY, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

10707 N.W. 18TH COURT GATNESVILLE, FLORIDA 32606

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Calvin Camps

10707 NW 18th Court Gainesville, Florida 32606

#### 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):

\* Calvin Comps Annette Comps 10707 N.W. 18TH COURT GAINESVILLE, FLORIDA 32606

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

8 day of April , 1996.

(An additional article must be added if an effective date is requested.)

Signature

Signature

### Notarization is not required

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE



PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,8THE 10: 07 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.

ł.	The name of the corporation is: South East American Supply, INc.
2.	The name and address of the registered agent and office is:
	Calvin Camps (NAME)
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	Gninesville, Florida 32606 (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.

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314