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TRANSMITTAL LETTER

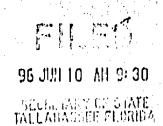
Department o Division of Co P.O. Box 632 Tallahassee, I	rporations 7	~	900001856 -06/10/9601022- *****70.00 ****
SUBJECT: _	CARRIAGE HOUSE ANTIQUE	ES, INC.	
	(proposed corpo	rate name)	
	n original and one (1) copy ບ ວ <u>.00</u> .	f the articles of i	ncorporation and our check
FROM:	LAURA E. FOUSE Name (printed or type 5A Sanchez Avenue Address	a)	
	St. Augustine, Flo City, State, & Zip	orida 32084	· · · · · · · · · · · · · · · · · · ·
	(904) 829-8505 Telephone Number		

Note: Please provide the original and one copy of the Articles.

96 JUN 10 AH 9: 30

ARTICLES OF INCORPORATION

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CARRIAGE HOUSE ANTIQUES, 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 Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CARRIAGE HOUSE ANTIQUES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5A Sanchez Avenue St. Augustine, Florida 32084

ARTICLE III CAPITAL STOCK

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

500 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LAURA E. FOUSE 5A Sanchez Avenue St. Augustine, Florida 32084

ARTICLE V INCORPORATOR(S)

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

LAURA E. FOUSE 69 Saragossa Street St. Augustine, Florida 32084

DAN FOUSE 69 Saragossa Street St. Augustine, Florida 32084

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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:				
2.	The name and address of the registered agent and office is:				
	LAURA E. FOUSE				
	(NAME)				
	5A Sanchez Avenue (P.O. BOX NOT ACCEPTABLE)				
	St. Augustine, Florida 32084				
	(CITY/STATE/ZIP)				
HA	IVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF				
TH AN PR FC	IOCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN IIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGEN'ID AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THIS IOVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER PRIMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.				
	SIGNATURE Laura Jouse				
	DATE <u>May 23, 1996</u>				