

P96000063075

CAPITAL CONNECTION, INC.
 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

RE: Southern Home Specialties, Inc. No 52826

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service
 To us via _____ Return via _____
 Mailer No.: _____ Express Mail No. _____
 State Fee \$ _____ Our \$ _____

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. Filing		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name Filing		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 Filing		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		
SUBTOTALS _____		

7000001906737
 -07/29/96--01018--032
 ***122.00 ***122.00

REQUEST TAKEN CONFIRMED APPROVED
 DATE 7/29
 TIME 10:36
 BY 21
 JUL 29 1996

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum.

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION
of
SOUTHERN HOME SPECIALTIES, INC.

FILED
95 JUL 29 2:11:37
TALLAHASSEE, FLORIDA

FIRST:

The name of the Corporation shall be SOUTHERN HOME SPECIALTIES, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of SOUTHERN HOME SPECIALTIES, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

7/29/95
Date

Stanley A. Goldsmith
Stanley A. Goldsmith

SEVENTH:

The initial Board of Directors of the corporation shall consist of one (1) member:

Clyde Bywaters
4915 North Lockwood Ridge Road
Sarasota, Florida 34232

EIGHTTE

The incorporator of SOUTHERN HOME SPECIALTIES, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:

Clyde Bywaters
CLYDE BYWATERS
4915 North Lockwood Ridge Road
Sarasota, Florida 34232

FILED
JUL 29 AM 11:37
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of SOUTHERN HOME SPECIALTIES, INC., were acknowledged before me this 26 day of July, 1996, by STANLEY A. GOLDSMITH as registered agent. He is personally known to me or has produced N/A as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Andrea Bailey
Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____, and my commission expires on _____.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878

The foregoing Articles of Incorporation of SOUTHERN HOME SPECIALTIES, INC., were acknowledged before me this 26 day of July, 1996, by CLYDE BYWATERS, as incorporator. He is personally known to me or has produced 8362 10162 301 as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.

Andrea Bailey
Signature of Notary Public

Print Name of Notary Public

I am a Notary Public of the State of _____, and my commission expires on _____.



ANDREA BAILEY
My Commission CC298491
Expires Jul. 17, 1997
Bonded by ANB
800-852-5878