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DIVISION OF CORPORATIONS

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

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	J-/-	E DATE 21		ପ୍	
Enclosed is an originator:	I and one (1) co	ppy of the articles o	of incorporation e	ind a chec	k ii
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	21 ;;	21 21
FROM:	Janone	Additional Cop		CCXESTATION	ب م
1 (1900)	3900 (iprinted or typed) Communue Address	ur Llul		
1 .	Malalass	A I	303		
Je som Johnson	(GCK) 488 Daytime	3- 7404 Telephone number			
AUTHORIZATION BY PHONE	. (0	.=			

(Proposed corporate name - must include suffix)

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

ARTICLES OF INCORPORATION

96 NOV 21 PH 4: 20

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.

EMECTIVE DATE	

ARTICLE I NAME

The name of the corporation shall be:

Sold adventurous Vining, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1204 Sandhurst Dride Dallahassee, 21, 32312

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Herome Kohinson 1204 Sondhurst Dride Dallahassee, Il, 32312

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):

Holahanse Fla. 32312

ARTICLE TIL

THE EFFECTIVE DATE SHALL BE JANUARY 1, 1997.

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

16th day of OCTOBER , 19 96.

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

Signature

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, THE COUNDERSIGNED 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: Bald Albertuson	whining, Inc.
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2. The name and address of the registered agent and office is:

JEROME ROBINSON (NAMB)
(NAME)
3900 COMMONWEALTH BLUD.
3900 COMMONWEALTH BLVD. (P.O. Box of Mail Drop Box NOT ACCEPTABLE)
TAMAHASSEE, FL 32303
(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.

X Genarder 16/17/9/

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