

997000014053

TRANSMITTAL LETTER

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

600002069286--2
-01/27/97--01041--004
*****78.75 *****78.75

SUBJECT: Southern Hospitality Supplies INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

JAMES L Spriggs

Name (Printed or typed)

13028 LEVERINGTON STREET

Address

TAMPA Florida 33624

City, State & Zip

(813) 269-0369

Daytime Telephone number

FILED
97 FEB 12 AM 9:24
TALLAHASSEE FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

January 30, 1997

JAMES L SPRIGGS
13028 LEVERINGTON STREET
TAMPA, FL 33624

SUBJECT: SOUTHERN HOSPITALITY SUPPLIES INC.
Ref. Number: W97000002343

We have received your document for SOUTHERN HOSPITALITY SUPPLIES INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

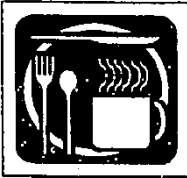
PLEASE STATE THE NUMBER OF SHARES IN ARTICLE III, NOT THE DOLLAR AMOUNT. ALSO, PLEASE SPECIFY THE EFFECTIVE DATE FOR YOUR CORPORATION.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

Letter Number: 797A00004925



Southern Hospitality Supplies, Inc.

February 5, 1997

Dear Loria Poole:

Inclosed are the Articles Of Incorporation forms that you sent back to me with the corrections. I called and checked if that was everything and they said that should be it.

Please feel free to call if I have missed anything (813)269-0369.

Sincerely,

James L. Spriggs

ARTICLES OF INCORPORATION

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: *Southern Hospitality Supplies INC.*

ARTICLE II PRINCIPAL OFFICE

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

*13028 LEVERINGTON STREET
TAMPA, FLORIDA. 33624*

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CLERK OF STATE
TALLAHASSEE FLORIDA

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:

*JAMES L SPRIGGS
13028 LEVERINGTON STREET
TAMPA FLORIDA. 33624*

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):

JAMES L SPRIGGS
13028 LEVERINGTON STREET
TAMPA, FLORIDA, 33624

EFFECTIVE DATE SET ON THE DAY OF FILING.

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

21ST day of JANUARY, 19 97.

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

James L Spriggs
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 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 Southern Hospitality Supplies INC.

2. The name and address of the registered agent and office is:

JAMES L SPRIGGS
(NAME)

13028 LEVERINGTON STREET
(P. O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA FLORIDA 33624
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

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.

James L Spriggs
(SIGNATURE)

1-21-97
(DATE)