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

EFFECTIVE DAIL

SUBJECT:	Allied	SoutheRN INVEST MENT CORP.
		(Proposed corporate name - must include suffix)

****131.25 ****131.25

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,

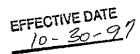
Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME	
The name of the corporation shall be	
Allied Southern INVEST MENT CORP.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this corporation shall be:	
500 WEST PARIS	
TAMPA FIA 3360A	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
The number of shares of stock that this corporation is authorized to have outstanding at any one-time is	
1,000	L
1,000	7,100
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS OF the initial registered and street address of the init	
The name and Florida street address of the initial registered agent are:	
CHINAFO LEIGH	
500 WEST PARIS	
ARTICLE V INCORPORATOR	
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
CHARLES LEIGH	
500 WEST PARIS,	
TAMPH, FIA. 33604	
Pl 1 Si 1	
Charles Jeigh Signature/Incorporator Date	
Signature/Incorporator Date	-
(An additional article must be add the	

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

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/Registered Agent

11-5-97

Date