CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite T • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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FISION OF CORPORATIONS

98 JUN 29 PM 3: 23

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Signature Requested by: Name Will Pick Up Walk-In

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	Art of Inc. File Photo
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement &
	Cert. Copy 2
1	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name 0
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
	Vehicle Search
	Driving Record
	UCC 1 or 3 File
	UCC 11 Search
	UCC 11 Retrieval
	Courier
.	06-29-98



ARTICLES OF INCORPORATION

98 JUN 29 PM 3: 23

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:

Georgianna's, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: c/o of Della Roberts
3038 Lake Shore Drive
Tallahassee, FL 32312.

ARTICLE III SHARES

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

Nine Hundred (900) Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Della Roberts 3038 Lake Shore Drive

Tallahassee, FL 32312. ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Della Roberts 3038 Lake Shore Drive Tallahassee, FL 32312.

Signature/Incorporator

29-28

Date

(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

Date