

P980000376

Levine & Stivers  
Requestor's Name  
245 E. Virginia St  
Address  
Tallahassee FL 32301  
City/State/Zip  
Phone #  
222-6580

98 JUL -8 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Southern Asset Management, Inc.  
(Corporation Name) (Document #) 100002583001--8  
-07/08/98--01058--004  
\*\*\*122.50 \*\*\*122.50
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 3:00 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

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P. Hall  
JUL - 8 1998  
(4)

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**SOUTHERN ASSET MANAGEMENT, INC.**

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TALLAHASSEE, FLORIDA

**ARTICLE ONE - NAME**

The name of this corporation is SOUTHERN ASSET MANAGEMENT, INC.

**ARTICLE TWO - DURATION**

This corporation shall exist perpetually.

**ARTICLE THREE - CAPITAL STOCK**

This corporation is authorized to issue 100 shares of common stock valued at one dollar (\$1.00) per share.

**ARTICLE FOUR - PURPOSE**

This corporation is organized for the purpose of transacting any and all lawful business.

**ARTICLE FIVE - ADDRESS OF CORPORATION**

The address of the principal office, and the mailing address of the corporation is 2828 Remington Green, Tallahassee, Florida 32308.

**ARTICLE SIX - INITIAL REGISTERED AGENT**

The street address of the initial registered office of this corporation is 245 East Virginia Street, Tallahassee, Florida 32301, and the name of the initial registered agent at that address is Mark S. Levine.

ARTICLE SEVEN - MANAGEMENT BY SHAREHOLDERS

All corporate powers shall be exercised by or under the authority of, and the business and affairs of this corporation shall be managed under the direction of the shareholders of this corporation.

ARTICLE EIGHT - SUBSCRIBER

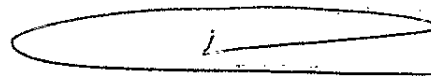
The name and address of the person signing these articles is:

Mark S. Levine  
245 East Virginia Street  
Tallahassee, Florida 32301

ARTICLE NINE - AMENDMENTS

This corporation reserves the right to amend or appeal any provisions contained herein.

IN WITNESS WHEREOF the undersigned subscriber has executed these Articles of Incorporation this 8<sup>th</sup> day of July, 1998.




MARK S. LEVINE  
Subscriber

STATE OF FLORIDA )

COUNTY OF LEON )

I HEREBY CERTIFY that before me, an officer duly authorized in the state and county aforesaid to take acknowledgments, personally appeared Mark S. Levine, to me known to be the person described in and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the county and state last aforesaid, this 8<sup>th</sup>  
day of July, 1998.

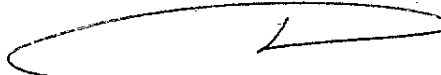
  
\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)



Jan M. Marts  
MY COMMISSION # CC650613 EXPIRES  
September 26, 2001  
BONDED THRU TROY FAIR INSURANCE, INC.

ACCEPTANCE OF APPOINTMENT AS  
RESIDENT AGENT:

  
\_\_\_\_\_  
MARK S. LEVINE

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