CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

P95000 07483

NAME
FIRM
ADDRESS
CITY
PHONE ( )

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No. _____ Express Mail No. _____

State Fee $ _____ Our $ _____

JAN 30 1995

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME		CK No.	
BY			

WALK-IN
Will Pick Up

_____ of _____

RE: _____

	C.C.	DISBURSED
_____ Capital Express℠		
_____ Art. of Inc. File		
_____ Corp. Record Search		
_____ Old Partnership File		
_____ Foreign Corp.		
_____ ( ) Certified Copy(s)		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
_____ C.U.S.		
_____ Fictitious Name File		
_____ Name Reservation		
_____ Annual Report/Reinstatement		
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval		
_____ ____ File No.'s, ____ Copies		
_____ Courier Service _____		
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority _____		
_____ Express Mail Prop _____		
_____ FAX ( ) pgs		
SUBTOTALS _____		

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
_____	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from
Your Capital Connection

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 27, 1995

CAPITAL CONNECTION, INC.

SUBJECT: LAW OFFICE OF JO ELLEN KANE MEDI, P.A.
Ref. Number: W95000001629

We have received your document for LAW OFFICE OF JO ELLEN KANE MEDI, P.A. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kanul Khosla
Corporate Specialist

Letter Number: 995A00003644

FILED

ARTICLES OF INCORPORATION

OF

THE LAW OFFICE OF

JO ELLEN KANE MEDI, P.A.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE I

Name of Corporation

The name of the corporation shall be:

THE LAW OFFICE OF
JO ELLEN KANE MEDI, P.A.

ARTICLE II

Mailing Address

The principal and mailing address of the corporation shall be:

C/O The Law Office of
Jo Ellen Kane Medi, P.A.
Attorney at Law
6361 Presidential Ct., Suite 109
Fort Myers, Florida 33919

ARTICLE III

Shares

The number of shares the corporation is authorized to issue is One Thousand (1000).

ARTICLE IV

Initial Registered Office and Agent

The street address of the initial registered office of the corporation is 6361 Presidential Court, Fort Myers, Florida 33919 and the name of the initial registered agent of the corporation at such address is JO ELLEN KANE MEDI.

ARTICLE V

Board of Directors

The Board of Directors will be elected and serve as provided in the by-laws.

ARTICLE VI

Duration

The corporation shall commence on the date of filing and shall have perpetual existance thereafter.

ARTICLE VII

Purpose

This corporation may engage in each and every aspect of the practice of law, but only through its officers, employees, and agents, who are duly licensed or otherwise legally authorized to render such professional services, and engage in any and every other activity permitted from time to time for a corporation so formed to engage in.

ARTICLE VIII

Incorporator

The name and address of the initial incorporator is:

JOSEPHINE GAGLIARDI — 6361 Presidential Ct., #109, Fort Myers, Fl. 33919

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 25 day of _____, 1995.

JOSEPHINE GAGLIARDI

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named to accept service of process for this service corporation at the place designated in these articles, I hereby accept the appointment and agree to act in this capacity and to comply with the provisions of Chapter 48.091 Florida Statutes, relative to keeping open said office.

Jo Ellen Kane Medi

Jo Ellen Kane Medi

FILED
95 JAN 30 PM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P95000007483

THE LAW OFFICE OF
JO ELLEN KANE MEDI, P.A.
2256 HEITMAN STREET
FORT MYERS, FLORIDA 33901

PHONE (941) 337-1436
FAX (941) 337-7928

LICENSED IN
FLORIDA & TEXAS

November 7, 1995

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

RE: Document No. P95000007483
The Law Office of Jo Ellen Kane Medi, P.A

Dear Sir or Madam:

I am writing to inform you of an address change of the above referenced corporation. The new address of this business is as follows:

2256 Heitman Street
Fort Myers, Florida 33901
Phone (941) 337-1436

If any questions arise with regard to this change, feel free to contact me.

Sincerely yours,

Jo Ellen Kane Medi

Jo Ellen Kane Medi
President/Attorney at Law

updated, sent C/S info
in 11/10/95

P95000007483

The Law Office of
Jo Ellen Kare Medi P.A.
2256 Heitman St.
Fort Myers FL
33901

OFFICE USE ONLY

500001646965
-11/28/95--01050--018
*****35.00 *****35.00

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
✓	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
95 NOV 27 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH DEC - 4 1995

Examiner's Initials	

CR2E031(10/92)

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: The Law Office of Jo Ellen Kane Medi, P.A.

1b. The mailing address of the corporation is: 2256 Heitman Street Fort Myers, Florida 33901

1c. Date of incorporation: Filed 1/30/95 Document number: P95000007483

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

Jo Ellen Kane Medi
6361 Presidential Court
Fort Myers, Florida 33919

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Jo Ellen Kane Medi
2256 Heitman Street
Fort Myers, Florida 33901

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Jo Ellen Kane Medi — 11/20/95
(Signature of an officer, chairman or vice chairman of the board) (Date)

Jo Ellen Kane Medi, President/CEO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Jo Ellen Kane Medi — 11/20/95
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(11/94)

FILING FEE: $35.00