

P95000041484

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 95 MAY 26 AM 9:52

DIVISION OF CORPORATION

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: The Aegean
Nature Institute
Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input checked="" type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> 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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY _____

WALK-IN

Pick Up

5-26 1:00

ARTICLES OF INCORPORATION

of

The Aegean Nature Institute, Inc.

FILED

95 MAY 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST:

The name of the Corporation shall be THE AEGEAN NATURE INSTITUTE, INC. The principal mailing address of the corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

SECOND:

The purposes for which the corporation is formed are any and all lawful purposes for which a corporation may be formed pursuant to the laws of the State of Florida and the United States.

THIRD:

The corporation shall be authorized and empowered to issue TEN THOUSAND (10,000) shares of common stock.

FOURTH:

The mailing address of the Registered Office of the Corporation is 1605 Main Street, Suite 1001, Sarasota, Florida 34236.

FIFTH:

The registered agent for the corporation shall be:

STANLEY A. GOLDSMITH
1605 Main Street, Suite 1001
Sarasota, Florida 34236

SIXTH:

To the incorporator of THE AEGEAN NATURE INSTITUTE, INC.:

I understand my obligations as your Registered Agent and hereby accept appointment as your Registered Agent in accordance with F.S. 48.091.

5/25/95
Date


Stanley A. Goldsmith

SEVENTH:

The Initial Board of Directors of the corporation shall consist of two (2) member(s):

Marcus Anast
1605 Main Street
Suite 1001
Sarasota, Florida 34236

Pamela Anast
1605 Main Street
Suite 1001
Sarasota, Florida 34236

EIGHTH:

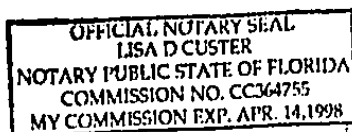
The incorporator of THE AEGEAN NATURE INSTITUTE, INC., who by his signature hereby acknowledges the adoption of these Articles of Incorporation, is:



STANLEY A. GOLDSMITH
1605 Main Street
Suite 1001
Sarasota, Florida 34236

STATE OF FLORIDA)
COUNTY OF SARASOTA) ss:

The foregoing Articles of Incorporation of The Aegean Nature Institute, Inc., were acknowledged before me this 25th day of May 1995 by STANLEY A. GOLDSMITH as registered agent and incorporator. He is personally known to me or has produced _____ as identification and did not take an oath. If no type of identification is indicated, the above-named person is personally known to me.




Signature of Notary Public

Lisa D. Custer
Print Name of Notary Public

I am a Notary Public of the State of
FLORIDA, and my commission
expires on 4/14/98.