

P96000009118

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

RE: 99 County W. Fed
Satellite 96 Branch 9720

SECRETARY OF STATE DISBURSED
TALLAHASSEE, FLORIDA

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 \$ _____

- Capital Express™
- Art. of Inc. File
- _____ Corp. Record Search
- _____ Ltd. Partnership File
- _____ Foreign Corp. File
- () Cert. 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 Prep.
- _____ FAX () pgs.

300001-200003
01/30/96--01010--010

****122.50 ****122.50

96 JUN 30 AM 9 21
RECEIVED
BY SIGNATURE DEPARTMENT

SUBTOTALS _____

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

CH 1/30/96

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	1/30/96	_____	_____
TIME	11:00	_____	CK No. _____
BY	CD	_____	_____

WALK-IN
Will Pick Up _____

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

Date : JANUARY 12th, 1996

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

Re: SS COUNTY WIDE SATELLITE GROUP, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Susan F. Cohen
SUSAN F. COHEN

SS COUNTY WIDE SATELLITE GROUP, INC.

MAILING ADDRESS OF CORPORATION		
2489 S. WOODLAND AVENUE		
DELAND, FLORIDA 32720		
PHONE		
()		
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

FILED

of
SS COUNTY WIDE SATELLITE GROUP, INC.

(name of corporation)

95 JAN 30 AM 9:27

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

SS COUNTY WIDE SATELLITE GROUP, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME	SUSAN F. COHEN c/o SS COUNTY WIDE SATELLITE, GROUP, INC.		
ADDRESS	2489 S. WOODLAND AVENUE		
CITY	DELAND	FLORIDA	ZIP 32720

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	SUSAN F. COHEN		
ADDRESS	2489 S. WOODLAND AVENUE		
CITY	DELAND	FLORIDA	ZIP 32720

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	SUSAN F. COHEN		
ADDRESS	370 E1 CAMINO DRIVE		
CITY	DELTONA	STATE FLORIDA	ZIP 32738
NAME	SUSAN M. FEW		
ADDRESS	2107 S. FRENCH AVENUE		
CITY	SANFORD	STATE FLORIDA	ZIP 32771
NAME			
ADDRESS			
CITY		STATE	ZIP

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

SS COUNTY WIDE SATELLITE GROUP, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 2489 S. WOODLAND AVENUE

DELAND, FLORIDA 32720

has named SUSAN F. COHEN

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Susan Cohen
(registered agent)

ARTICLE VII - INCORPORATORS

FILED

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	SUSAN F. COHEN	96 JAN 30 AM 9:27
ADDRESS	370 E1 CAMINO DRIVE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
CITY	DELTONA	STATE FLORIDA ZIP 32738
NAME	SUSAN M. FEW	
ADDRESS	2107 S. FRENCH AVENUE	
CITY	SANFORD	STATE FLORIDA ZIP 32771
NAME		
ADDRESS		
CITY		STATE ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 12th day of JANUARY, 1996.

Susan F. Cohen (Seal)
Susan Few (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF SEMINOLE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Susan F. Cohen</u> Signature	DRIVERS LICENSE # C500-786-52-720 Form of Identification
<u>Susan Few</u> Signature	DRIVERS LICENSE # F000-793-55-954 Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that she executed these Articles of Incorporation, that I relied upon the form of identification of the above named person as indicated opposite each name, and that an oath (was)(was not) taken.



NOTARY RUBBER STAMP SEAL
 ALEXANDER P. FILOSA
 My Commission CC312217
 Expires Aug. 31, 1997
 Bonded by ANIB
 800-852-5878

Witness my hand and official seal in the County and State last aforesaid this 12th day of JANUARY, 1996
Alexander P. Filosa
 Notary Signature
 ALEXANDER P. FILOSA
 Printed Notary Signature