

# PA7000039444

**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: Gold Coast Point  
Trails Inc.

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 \$ \_\_\_\_\_

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™	_____	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____	_____
_____ Corp. Record Search	_____	_____
_____ Ltd. Partnership File	_____	_____
_____ Foreign Corp. File	_____	_____
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)	_____	_____
_____ Art. of Amend. File	_____	_____
<input checked="" type="checkbox"/> 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.	_____	_____
<b>SUBTOTALS</b>	_____	_____

41000039444  
 -05/02/97--01026--016  
 \*\*\*\*131.25 \*\*\*\*131.25

97 MAY -2 PM 2:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

.....  
 REQUEST    TAKEN    CONFIRMED    APPROVED  
 DATE \_\_\_\_\_  
 TIME After \_\_\_\_\_ CK No. \_\_\_\_\_  
 BY \_\_\_\_\_

WALK-IN Will Pick Up 1/2 12:00

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.

CP  
5/2/97  
 THANK YOU,  
 from  
 Your Capital Connection

## Articles of Incorporation

FILED

97 MAY -2 PM 2: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the corporation shall be:

GOLD COAST PAINT & SALES, INC.

2. The principal place of business and mailing address of the corporation is:

302 S. DIXIE, POMPANO BEACH, FL 33060

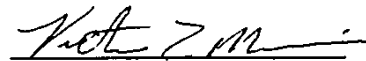
3. The corporation shall have the authority to issue 1,000,000 shares of stock.

4. The registered agent of the corporation is MARYLOU SAARINEN, and the registered street address is 121 NW 21 STREET, POMPANO BEACH, FL 33060.

5. The initial board of directors shall have 2 members whose names and addresses are as follows: VICTOR MERRIMAN, 121 NW 21 STREET, POMPANO BEACH, FL 33060 AND MARYLOU SAARINEN, 121 NW 21 STREET, POMPANO BEACH, FL 33060.

6. The incorporator of this corporation is VICTOR MERRIMAN whose street address is 121 NW 21 STREET, POMPANO BEACH, FL 33060.

Dated 5-1-97

  
Incorporator

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 statues relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 4/29/97

  
Registered Agent