

L95000000274

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

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

95 APR -6 PM 2 12  
TALLAHASSEE FL 32301

145

AKB 4/6/95

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY AAK

WALK-IN Will Pick Up 16 1200

RE: Wagner & Di Maio

LC 25

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express <sup>SM</sup>		
<input checked="" type="checkbox"/> Art. of Inc. Filing <u>LC</u>		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership Filing		
<input type="checkbox"/> Foreign Corp. Filing		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. Filing		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S -		
<input type="checkbox"/> Fictitious Name Filing		
<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 Filing		
<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.		

100001451341  
-04/10/95--01005--007-  
\*\*\*\*140.00 \*\*\*\*140.00

100001451341  
-04/10/95--01005--007-  
\*\*\*\*145.00 \*\*\*\*145.00

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

8 APR 2 1995

TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Limited Liability Company is:

WAGNER & DI MAIO L.C.

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

21 Glens Drive West, Boynton Beach, Florida 33436

ARTICLE III

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Lucille Wagner  
21 Glens Drive West  
Boynton Beach, FL 33436

DATED: *March 7, 1995*

BY

*Lucille Wagner*  
Lucille Wagner, Member  
21 Glens Dr. West  
Boynton Beach, FL 33436

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of WAGNER & DI MAIO L.C.

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 25000<sup>00</sup>.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 -.  
A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by a member(s) is \$ 25000<sup>00</sup>. This total includes amounts from 2 and 3 above.

→ Lucille Wagner

Signature of a member or authorized representative of a member

CERTIFICATE of DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE

FILED  
95 APR -6 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the following is submitted, in compliance with said Act by the undersigned Limited Liability Company in designating the registered office/registered agent:

- 1) The name of the limited liability company is:

WAGNER & DI MAIO L.C.

- 2) The name and address of the registered agent and office is:

Lucille Wagner  
21 Glens Drive West  
Boynton Beach, FL 33436

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND ADDRESS TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED: MAR 07 7, 1995

→ Lucille Wagner  
(signature)


# 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or  
After August 21, 1996. If Dissolved, Minimum Amount  
Due To Reinstale: \$730.75

FILED

36 JUN 28 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 283.75	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1. Name and Mailing Address of Limited Liability Company  <b>WAGNER &amp; DI MAIO L.C.</b> 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436	<b>DOCUMENT # L95000000274</b>
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country

1a. Principal Place of Business Address  21 GLENS DRIVE WEST BOYNTON BEACH FL 33436	
3. Date Organized or Qualified  04/06/1995	3a. State of Formation  FL
4. FCI Number  65-0584410	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$2.75 Additional Fee Required

7. Name and Address of Current Registered Agent  WAGNER, LUCILLE 21 GLENS DRIVE WEST BOYNTON BEACH FL 33436	8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(By current Agent Accepting Appointment) (If 211, then current Agent signature and date when translated)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WAGNER, LUCILLE	21 GLENS DRIVE WEST	BOYNTON BEACH FL 400001885594 -07/05/96--01084--028 ***263.75 ***263.75 <i>6/8/96</i>

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address

SIGNATURE: *Lucille Wagner* 6/8/96 407-732-6623  
FILED AND CERTIFIED TRUE TO COPY. MANAGER'S NAME IS FOR MAINTAIN