

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: P.O. Office Box 10349, Tallahassee, FL 32302

TELEPHONE No. 347-1262
 FAX No. 347-1262

No. 53793

RE: License of Florida LC

K9700000322

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 \$ _____

DISBURSED
 Corp. Record S
 Ltd. Partnership File
 Foreign Corp. File
☒ () 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.

97 APR - 1 PM 9:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

97 APR - 1 AM 9:59
 DIVISION OF CORPORATION

FILED

RECEIVED

SUBTOTALS

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY APR _____

WALK-IN Will Pick Up 7/11 1100

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 INCORPORATION

OF KIZAN OF FLORIDA, L.C.

The undersigned incorporator(s), for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes, Chapter 608, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the company shall be: KIZAN OF FLORIDA, L.C.

ARTICLE II PERIOD OF DURATION

The company shall continue until dissolved.

ARTICLE III PURPOSE OF COMPANY

The purpose of the company is to provide computing consulting and services.

ARTICLE IV PLACE OF BUSINESS

The principal place of business and mailing address of the company shall be:

200 SE 15th Road, Suite 15J
Miami, Florida 33129

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97 APR - 1 PM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE IV
INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Gerhardt A. Schreiber, Esquire
890 South Dixie Highway
Coral Gables, Florida 33146

**ARTICLE V
INITIAL CAPITAL**

Coral Gables Consulting Group, Inc. \$120.00 cash, Kizan Corporation shall contribute \$80.00 cash for a total of \$200.00.

**ARTICLE VI
MEMBERS**

The members of the company shall be:

Coral Gables Consulting Group, Inc.
200 SE 15th Road, Suite 15J
Miami, Florida 33129

Kizan Corporation
200 Whittington Parkway
Suite S101
Louisville, Kentucky 40220

**ARTICLE VII
MANAGEMENT**

The company shall be managed by its members.

**ARTICLE VII
INCORPORATOR**

The name and street address of the incorporator as authorized agent to these Articles of Organization is:

Gerhardt A. Schreiber, Esquire
890 South Dixie Highway
Coral Gables, Florida 33146

The undersigned has executed these Articles of Organization this 31st day March, 1997.



Signature

Title: Authorized Agent

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.407, Florida Statutes, the following corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Kizan Of Florida, L.C.
2. The name and address of the registered agent and office is:

Gerhardt A. Schreiber, Esquire
890 South Dixie Highway
Coral Gables, Florida 33146

SIGNATURE: GA Schreiber

Authorized Agent

DATE: 3/31/97

HAVING BEEN NAME 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 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.

SIGNATURE: GA Schreiber

DATE: 3/31/97

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA)

) ss

COUNTY OF DADE)

BEFORE ME, the undersigned authority personally appeared Gerhard A. Schreiber, authorized agent for Kizan of Florida, L.C, who after being duly sworn, deposes and says that:

The members of Kizan of Florida, L.C are:

Coral Gables Consulting Group, Inc.
200 SE 15th Road, Suite 15J
Miami, Florida 33129

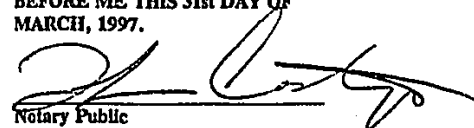
Kizan Corporation
200 Whittington Parkway
Suite S101
Louisville, Kentucky 40220

The amount of capital contribution of each member :

Coral Gables Consulting Group, Inc. \$120.00 cash, Kizan Corporation shall contribute \$80.00 cash for a total of \$200.00.


Gerhardt A. Schreiber
Authorized Agent

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 31st DAY OF
MARCH, 1997.


Notary Public
State of Florida

OFFICIAL NOTARY SEAL
ILEANA M COSTOYA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC427251
MY COMMISSION EXP. DEC. 18, 1998

FILED
97 APR - 1 PM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA