

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) 227 1222

RE: Sawgrass Business
and Professional
Association, acdual

DISBURSED

N 950000000885

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE _____
 Service: ☐ 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 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. _____

400001413124
 -02/23/95--01008--005
 ****122.50 ****122.50

SUBTOTALS

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

FILED
 FEB 23 AM 10:13
 SECRETARY OF STATE

FEB 23 1995 BSB

REQUEST _____ TAKEN _____ CONFIRMED _____ APPROVED _____
 DATE _____
 TIME _____ CK No. _____
 BY SPK

WALK IN 2 23 100
 WHEN 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

ARTICLES OF INCORPORATION

FILED

95 FEB 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*The undersigned, acting as Incorporator(s) of a corporation pursuant to Chapter 617,
Florida Statutes, adopt(s) the following Articles of Incorporation:*

ARTICLE I

Name

The name of the corporation shall be:

SAWGRASS BUSINESS AND PROFESSIONAL ASSOCIATION, INC.

ARTICLE II

Principal place of business and mailing address

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

7600 Wiles Rd.

Coral Springs, Fl. 33067

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

The purpose of the corporation is to network with businesses in the Coral Springs area to promote business among the members.

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

as listed in the corporate by-laws.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

R.J. Avalon
7600 Wiles Rd
Coral Springs, Fl 33067

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

R.J. Avalon
7600 Wiles Rd
Coral Springs, Fl. 33067
Leonard Street
9500 SW 1st Court
Coral Springs, Fl

Andrea Wites
850 Riverside Dr
Coral Springs, Fl. 33071

The undersigned Incorporator(s) has (have) executed these Articles of Incorporation this 16 day of Feb, 1995.

Signature(s) of Incorporator(s):

Andrea Wites

Andrea Wites
Typed name of incorporator signing

Leonard Street

Leonard Street
Typed name of incorporator signing

R.J. Avalon

R.J. Avalon
Typed name of incorporator signing

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: SAWGRASS BUSINESS AND PROFESSIONAL
(must include suffix)

ASSOCIATION, INC.

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

R.J. Avalon

(Name)

7600 Wiles Road

(Street address - P. O. Box not acceptable)

Coral Springs, Fl. 33067

(City/State/Zip)

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 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.

R.J. Avalon

(Signature)

2-17-95

(Date)

Registered Agent filing fee \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA