

700000016117

TRANSMITTAL LETTER

FILED

00 FEB -9 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: THE EQUITY TEAM, INC.

(Proposed corporate name - must include suffix)

200003129582--5

-02/09/00--01064--011

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: DAVID SHELTON

Name (Printed or typed)

P.O. BOX 770363

Address

ORLANDO, FL. 32877-0363

City, State & Zip

407-891-9192

Daytime Telephone number

200-3567  
David Shelton GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Art. I  
DATE 2/15/00  
DOC. EXAM Doris Browner

NOTE: Please provide the original and one copy of the articles.

D. BROWN FEB 15 2000

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I Name

The Equity Team, Inc.

### ARTICLE II Principal Office

#### Place of Business

3100 Green Acres Rd.  
St. Cloud, FL. 34772

#### Mailing Address

P.O. Box 770363  
Orlando, FL. 32877-0363

### ARTICLE III Shares

100 Shares

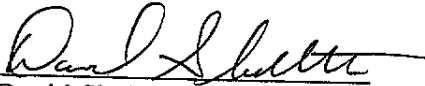
### ARTICLE IV Initial Registered Agent And Street Address

David Shelton  
3100 Green Acres Rd.  
St. Cloud, FL. 34772

### Article V Incorporator

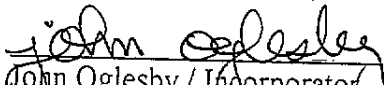
David Shelton  
3100 Green Acres Rd.  
St. Cloud, FL. 34772

John Oglesby  
5109 Jennifer Place  
Orlando, FL. 32807

  
David Shelton / Incorporator

02/07/00

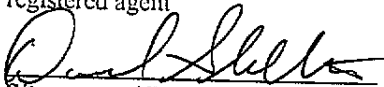
Date

  
John Oglesby / Incorporator

02/07/00

Date

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 a registered agent

  
Signature / Registered Agent

02/07/00

Date

FILED  
00 FEB -9 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA