

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**PO1000047081**

*Floridian Sales Associates, Inc.*

500004193965--8

-05/10/01--01069--019

\*\*\*\*\*70.00 \*\*\*\*\*70.00

**FILED**  
01 MAY 10 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2001 MAY 10 PM 1:49

NOT IN RECD  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Signature \_\_\_\_\_

Requested by: CD

Name

Date 5-10-01

Time 1:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval **J. BRYAN MAY 10 2001**
- \_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF INCORPORATION**  
**OF**  
**FLORIDIAN SALES ASSOCIATES, INC.**

**FILED**  
01 MAY 10 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 name of the corporation is **FLORIDIAN SALES ASSOCIATES, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **129 Degas Drive, Nokomis, FL 34275.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having no par value.

#### **ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **David A. Dunkin, 170 West Dearborn Street, Englewood, FL 34223.**

#### **ARTICLE V: INCORPORATOR**

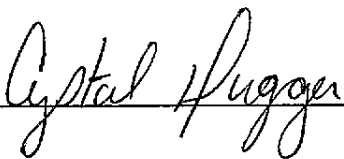
The name and address of the incorporator of these Articles of Incorporation is **Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.**

#### **ARTICLE VI: INITIAL BOARD OF DIRECTORS**

The name and address of the initial Board of Directors of the corporation is **Kevin W. Smith, 129 Degas Drive, Nokomis, FL 34275.**

The undersigned has executed these Articles of Incorporation this 10th day of May 2001.

"Capital Connection, Inc. by Crystal Dugger, Office Manager"

\_\_\_\_\_

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

Pursuant to the provisions of §607.0501 or §617.0501 of the Florida Statutes, the corporation identified in this Certificate, 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:

FLORIDIAN SALES ASSOCIATES, INC.

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

**DAVID A. DUNKIN**  
**170 West Dearborn Street**  
**Englewood, Florida 34223**

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.

  
\_\_\_\_\_  
DAVID A. DUNKIN

**FILED**  
01 MAY 10 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA