CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

Signature

Name

Walk-In

Requested by:

Will Pick Up

(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 T.C. Nelson Group, Inc

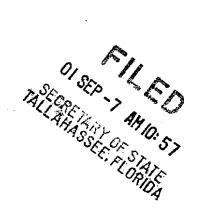
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ARTICLES OF INCORPORATION

FOR

T.C. Nelson Group, Inc.



ARTICLE I NAME

The name of the Corporation shall be T.C. Nelson Group, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Law Office of B. John Ovink, P.A. 2402 Cleveland Str. Tampa, FL 33609

ARTICLE III PURPOSE

The purpose for which this corporation shall be organized shall include the transaction of any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one thousand shares of common stock, having a par value of \$1.— per share. The stock as aforesaid shall be paid for in lawful money of the United States, or in property, labor or services at a just valuation to be fixed by the incorporators, or by the Board of Directors at a meeting to be called for that special purpose.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

B. John Ovink 2402 Cleveland Str. Tampa, FL 33609

ARTICLE VI OWNERSHIP

The Corporation is wholly owned by Gail B. Olson.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation is:

B. John Ovink

2402 Cleveland Street

Tampa, FL 33609

ARTICLE VII POWERS

The corporation shall have all the corporate powers enumerated in the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 29 Day of 100 May 100

B John Ovink

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. I AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT.

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared B. John Ovink, who is personally known to me and known by me to be the person who executed the foregoing Articles of Incorporation; and acknowledged before me that he executed these Articles of Incorporation.

WITNESS my hand and official seal this 29th Day of Augus

Notary Public

Print Name

My commission expires:

NOTARY PUBLIC - STATE OF FLORIDA DONNA M CAPAZ COMMISSION # CC779051 EXPIRES 9/29/2002 BONDED THRU ASA 1-888-NOTARY1