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EQUILEASE

June 25, 2002

Division of Corporations
Department of State
409 E Gaines St.
Tallahassee, FL 32309

Gentlemen:

Enclosed are the Articles of Incorporation for **Equilend, Inc.** together with a check in the amount of \$122.50 to cover the following filing fees:

Corporation filing fee	\$35.00
Registered Agent Certificate	35.00
Certification	<u>52.50</u>
TOTAL	\$122.50

Thank you for your prompt attention to this filing.

Very truly yours,


Lorraine B. Murphy
(352) 377-7223

FILED
02 JUN 28 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pmb 520, p o box 147050, gainesville, florida 32614-7050
Phone: (352) 377-7223 / fax (352) 377-7329

BM 6/28

ARTICLES OF 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 shall be:

Equilend, Inc.

ARTICLE II. PRINCIPLE OFFICE

The principal place of business of the corporation is 699 Hawks Trace Drive, Jacksonville, FL 32225. The mailing address of this corporation shall be 699 Hawks Trace Drive, Jacksonville, FL 32225.

ARTICLE III. SHARES

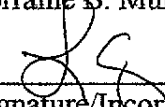
The number of shares of stock that this corporation is authorized to have outstanding at any one time is 500 shares of common stock having \$1.00 par value per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is: Lorraine B. Murphy, 699 Hawks Trace Dr., Jacksonville, FL 32225.

ARTICLE V. INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is: Lorraine B. Murphy, 699 Hawks Trace Drive, Jacksonville, FL 32225.



Signature/Incorporator



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 registered agent.



Signature/Registered Agent



Date

**PMB 520, P O BOX 147050, GAINESVILLE, FLORIDA 32614-7050
PHONE: (352) 377-7223 / FAX (352) 377-7329**

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