

CAPITAL CONNECTION

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Florida Department of State  
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To:

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Fax Number : (850)205-0381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850)224-8870  
Fax Number : (850)224-7047

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**FILED**

**FLORIDA PROFIT CORPORATION OR P.A.**

**SOCIAL SECURITY DISABILITY CLAIMS SPECIALISTS, INC.**

Certificate of Status	0
Certified Copy	1
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Capital Connection, Inc.

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**ARTICLES OF INCORPORATION**  
**OF**  
**SOCIAL SECURITY DISABILITY CLAIMS**  
**SPECIALISTS, INC.**

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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 **SOCIAL SECURITY DISABILITY CLAIMS SPECIALISTS, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is **C/O C.E. Steinberg, 412 Marsh Point Circle, St. Augustine, FL 32080.**

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is Sixty (60) shares having no par value.

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

The name and address of the initial registered agent is Charles E. Steinberg, 412 Marsh Point Circle, St. Augustine, FL 32080.

**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 each member of the initial Board of Directors of the corporation is Charles E. Steinberg, 412 Marsh Point Circle, St. Augustine, FL 32080. Diane P. Young, 25 Zamora St., St. Augustine, FL 32080.

**ARTICLE VII: SPECIAL PROVISION**

It is the intent of the incorporator and directors that the corporation qualify under Section 1244 of the Internal Revenue Code and that the corporation file as a Sub S Corporation. Such actions as are necessary will be taken by the appropriate officers to accomplish this compliance.

The undersigned has executed these Articles of Incorporation this 6th day of November 2002.

"Capital Connection, Inc. by Leilani White, Client Representative"



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CAPITAL CONNECTION

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

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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: SOCIAL SECURITY DISABILITY CLAIMS

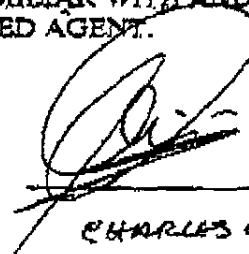
SPECIALISTS, INC.

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

CHARLES E. STEINBERG

412 MARSH POINT CIRCLE ST AUGUSTINE, FL 32080

HAVE 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.



CHARLES E. STEINBERG

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