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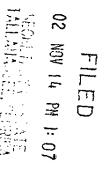
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W02-32602 (B)

CAPITAL CONNECTION, INC.

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	Art. of Amend. File
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	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
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	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
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	Driving Record
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Courier_



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 14, 2002

CAPITAL CONNECTION, INC.

SUBJECT: PRECISION COLOR AND DESIGN INC.

Ref. Number: W02000032602



We have received your document for PRECISION COLOR AND DESIGN INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION OF PRECISION COLOR AND DESIGN INC.

THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE 1 - CORPORATE NAME

THE NAME OF THE CORPORATE IS:
PRECISION COLOR AND DESIGN INC.

ARTICLE II - DURATION

THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED ACCORDING TO FLORIDA LAW.

ARTICLE III -PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV- CAPITAL STOCK

THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES (_500____) OF (one) DOLLAR (s) (\$_1.00____) PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON STOCK".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

	and mailing add RESS OR THE INITIAL REG RY	ress is the same	as the R.A. ORPORATION IS:
ADDRESS: 7555 118th. 3	STREET		
CITY: JACKSONVILLE	<u> </u>	,FLORIDA	ZIP_32244
	ARTICLE VI- INIT	IAL BOARD OF DIREC	CTORS
THE NUMBER OF DIR. BY-LAWS,BUT SHALL.	ECTORS MAY BE INCREAS	(I) DI ED OR DIMINISHED FROM 1 E (1). THE NAMES AND ADDI OLLOWS:	TIME TO TIME BY THI
NAME: DEBORAH PE	RRY		
ADDRESS: 7555 118 th CITY: JACKSONVILL	. STREET E,FLORIDA	ZIP 32;	244
NAME:			:
ADDRESS:			,
CITY:		ZIP	
INCORPORATION A	DRESSES OF THE PERSO RE AS FOLLOWS:	NCORPORATORS ON(s) SIGNING THESE AR	
CITY: JACKSONVILL	E, FLORIDA	ZIP _32	2244
NAME:			-
ADDRESS:			
СІТҮ:	_FLORIDA	ZIP	<u> </u>

IN WITNESS WHEREOF, THE UNOF INCORPORATION THIS TWENTY EIGHT	DERSIGNED SUBSCRIBER (S) HAVE EXECUTED THESE ARTICLES TH
	DERORAH PERRY (SEAL)
	(SEAL)
	(SEAL)
STATE OF FLORIDA)	
SS	
COUNTY OF_DUVAL	
BEFORE ME, A NOTARY PUBLIC AUTHORIZE SET FORTH ABOVE PERSONALLY APPEARED	ED TO TAKE ACKNOWLEDGEMENTS IN THE STATE AND COUNTY)
DEBORAH PERRY	**************************************
KNOWN TO ME AND KNOWN TO BE THE PERS INCORPORATION, AND WHO ACKNOWLEDGE EXECUTED THESE ARTICLES OF INCORPOR	SON (s) WHO EXECUTED THE FOREGOING ARTICLES OF T BEFORE ME THAT (SHE) DEBORAH PERRY ATION
IN WITNESS WHEREOF, I HAVE E COUNTY AFORESAID THIS, TWENTY EIGHTE	HEREUNTO AFFIXED MY HAND AND SEAL, IN THE STATE AND Market (28th) DAY OF SEPTEMBER 2002.
(Ne	OTARY SEAT SENSON SWIBON
	(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)
	LINDA L. WILSON

MY COMMISION # CC987703

MY COMMISION EXPIRES: DECEMBER 17, 2004

FILED 02 NOV 14 PM 1: 07

SEUNE I AND OF STATE CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT. LAHASSEE, FLORIDA

	OF
	PRECISION COLOR AND DESIGN INC
	(name of corporation)
PURSUANT TO FLORIDA S	TATUE SECTIONS 48.091 AND 607.304, THE FOLLOWING SUBMITTED:
	ON, DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF TERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION
AT 7555 118 th . STREET JACKSONVILLE,FL. 322-	
	Y PERRY

ACKNOWLEDGEMENT

PROCESS WITHIN THIS STATE.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE. I HEREBYAM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT.

Alaborah Perent