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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
EFFECTIVE DATE  
02-12-04

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ICAP Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Peter L. Lafer  
Name (Printed or typed)

9310 Old Kings Rd. S., Bldg. 201  
Address

Jacksonville, Florida 32257  
City, State & Zip

(904) 733-2088 ext. 12  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**EFFECTIVE DATE**  
02-01-04

**FILED**  
04 FEB -4 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Articles of Incorporation**

**Article 1: Name of Corporation:**

**ICAP Services, Inc.**

**Article II: Principle place of business:**

**9310 Old Kings Road  
South, Bldg. 201  
Jacksonville, Florida 32257**

**Article III: Purpose of professional corporation:**

**Sales and Marketing  
Consulting and  
Recruitment Services**

**Article IV: Number of Shares:**

**10,000 Shares Authorized  
@ .01 par value**

**Article V: Names, Address & Title of Officers:**

**Peter L. Lafser  
Chairman  
2610 Sims Cove Lane  
Jacksonville, Florida 32223**

**Patrice Gayle Lafser  
Secretary/Treasurer  
2610 Sims Cove Lane  
Jacksonville, Florida 32223**

**Article VI: Registered Agent:**

**Peter L. Lafser  
2610 Sims Cove Lane  
Jacksonville, Florida 32223**


**Article VII: Name and Address of Incorporator:**

**Peter L. Lafser  
2610 Sims Cove Lane  
Jacksonville, Florida 32223**

**Article VII: Effective Date:**

**2/1/2004**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

2/31/04  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date