

P95000002024

TRANSMITTAL LETTER

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

SUBJECT: Business Capital Management Corporation
(Proposed corporate name - must include suffix)

2-10-00 11:32:33 AM
01/06/95-01/06/95
****131.25 ****131.25

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: John W. Freemann
Name (printed or typed)
6366 Nightwind Circle
Address
Orlando, FL 32818
City, State & Zip
(407) 880-8894
Daytime Telephone number

FILED
JAN -3 PM 4:06
90 4 11 3

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Business Capital Management Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6366 Nightwind Circle
Orlando, FL 32818

MAIL: Post Office Box 680039
Orlando, FL 32868-0039

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

John W. Freemann
6366 Nightwind Circle
Orlando, FL 32818

FILED
JAN 11 1988
CLERK OF COURT
JAN 11 1988

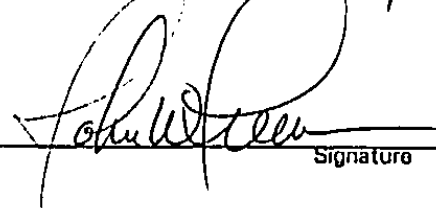
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

John W. Freemann
6366 Nightwind Circle
Orlando, FL 32818

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of January, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED 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: Business Capital Management Corporation

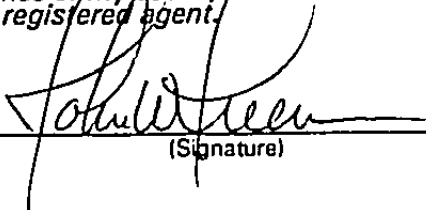
2. The name and address of the registered agent and office is:

John W. Freemann
(Name)

6366 Nightwind Circle
(P.O. Box not acceptable)

Orlando, FL 32818
(City/State/Zip)

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)

January 5, 1995
(Date)