

# CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
 TOLL FREE No. 1-800-342-8062  
 FAX (904) 222-1222

**95000004348**

NAME \_\_\_\_\_  
 FIRM \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
 One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RE: DBI Construction, Inc.

	C.C. FEE.	DISBURSED
_____ Corp. Exp. Fee		
_____ Art. of Inc. File		
_____ Corp. Exp. Fee		
_____ U.S. Part. Fee		
_____ Foreign Corp. File		
_____ ( ) Corp. Copy(s)		
_____ Art. of Amend. File		
_____ Dissolution/Withdrawal		
_____ C U S-		
_____ Fictitious Name File		
_____ Name Reservation	01/18/95-01030-000	
_____ Annual Report/Reinstatement	\$122.50	\$122.50
_____ Reg. Agent Service		
_____ Document Filing		
_____ Corporate Kit		
_____ Vehicle Search		
_____ Driving Record		
_____ Document Retrieval		
_____ UCC 1 or 3 File		
_____ UCC 11 Search		
_____ UCC 11 Retrieval		
_____ File No.'s, _____ Copies		
_____ Courier Service		
_____ Shipping/Handling		
_____ Phone ( )		
_____ Top Priority		
_____ Express Mail Prep.		
_____ FAX ( ) pgs.		
<b>SUBTOTALS</b>		

FILED  
 JAN 18 AM 11:21  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE _____	_____	_____	_____
TIME _____	_____	_____	CK No. _____
BY <u>W</u>	_____	_____	_____

WALK-IN Will Pick Up 1-18 1:00

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
 TERMS: NET 10 DAYS FROM INVOICE DATE  
 1 1/2% per month on Past Due Amounts  
 Past 30 Days, 18% per Annum

THANK YOU  
 from  
 Your Capital Connection

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
JAN 18 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JB I CONSTRUCTION, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, heraby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation is JBI CONSTRUCTION, INC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is 38 E. Union Street, Jacksonville, FL 32202.

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of ten cents (\$.10) per share.

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

The name and address of the initial registered agent is Pamela L. Olson, P.A., 38 East Union Street, Jacksonville, FL 32202.

#### 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:

P Mark E. Bedford

9536 Princeton Sq. Blvd. S. #2409, Jacksonville, FL 32257

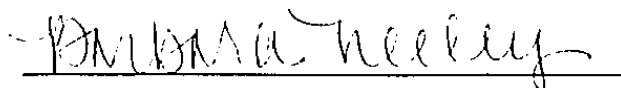
V John M. Johnson

11001 Old St. Augustine Rd., #1706, Jacksonville, FL 32257

O Charles A. Walker

8849 Old Kings Rd. S., #53, Jacksonville, FL 32257

The undersigned has executed these Articles of Incorporation this 18th day of January, 1995.



Capital Connection, Inc.

Barbara Neeley - President

Incorporator

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

FILED

95 JAN 18 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

JBI CONSTRUCTION, INC.

2. The name and street address of the registered agent and office is: Pamela L. Olson, P.A.

38 East Union Street, Jacksonville, Florida 32202

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.

Pamela L Olson