

**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

**W950000005547**

NAME \_\_\_\_\_  
 FILING 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 \$ \_\_\_\_\_

**W95000001474**  
**00678, 00614, 00671**

JAN 20 1995 BSB JAN 23 1995

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

WALK-IN Will Pick Up 1-20 3:00

of \_\_\_\_\_  
**RES: Residential Marketing Assistance, Inc**  
 95 JAN 20 PM 2 03  
 DIVISION OF CORPORATION  
 C.C. FEE. DISBURSED

Capital Expenses	_____	_____
Art. of Amend. File	_____	_____
Art. of Amend. File	_____	_____
Corporate Record	_____	_____
Foreign Corp. File	_____	_____
Foreign Corp. File	_____	_____
Art. of Amend. File	_____	_____
Dissolution/Withdrawal	300881386183	_____
C U S -	-01/20/95--11083--113	_____
Fictitious Name File	***122.50	***122.50
Name Reservation	_____	_____
Annual Report/Reinstatement	_____	_____
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.

SECRETARY OF STATE  
 FILED  
 95 JAN 23  
 JAN 18 1995

**SUBTOTALS**

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 20, 1995

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32301

SUBJECT: RESIDENTIAL MARKETING ASSISTANCE, INC.  
Ref. Number: W9500001474

We have received your document for RESIDENTIAL MARKETING ASSISTANCE, INC. and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return 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 (904) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 295A00002535

**ARTICLES OF INCORPORATION**

**OF**

**RESIDENTIAL MARKETING ASSISTANCE, INC.**

FILED  
95 JAN 23 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 shall be RESIDENTIAL MARKETING ASSISTANCE, INC.

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 118 SOUTH WESTSHORE BOULEVARD #142, TAMPA, FLORIDA 33609

**ARTICLE III: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of no par per share.

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

The name and address of the initial registered agent is  
Donna Graham , 118 SOUTH WESTSHORE BOULEVARD #142,  
TAMPA, FLORIDA 33609.

**ARTICLE V: INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite I, Tallahassee, FL 32301.

**ARTICLE VI: DIRECTORS**

Donna Graham, 118 South Westshore Blvd.#142, Tampa, Fl. 33609  
Stephanie Hobson, 118 South Westshore Blvd.#142, Tampa, Fl 33609

The undersigned has executed these Articles of Incorporation this 18TH day of JANUARY 1995.

*Barbara Duly*  
Capital Connections, Inc.

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

FILED  
95 JAN 23 AM 10:13  
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 RESIDENTIAL MARKETING ASSISTANCE, INC., 118 SOUTH WESTSHORE BOULEVARD #142 TAMPA, FLORIDA 33609.
2. The name and address of the registered agent and office is  
*Donna Graham*  
118 SOUTH WESTSHORE BOULEVARD #142, TAMPA, FLORIDA 33609

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.

  
\_\_\_\_\_

DONNA GRAHAM

**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

**P95000005547**

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: Residential Marketing Assistance, Inc.

95 FEB 21

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Capital Press                  |  |  |
| <input type="checkbox"/> Cert. of Inc. File             |  |  |
| <input type="checkbox"/> Corp. Record Search            |  |  |
| <input type="checkbox"/> Ltd. Partnership File          |  |  |
| <input type="checkbox"/> Foreign Corp. File             |  |  |
| <input checked="" type="checkbox"/> Cert. Copy(s)       |  |  |
| <input checked="" type="checkbox"/> Photo Copy          |  |  |
| <input checked="" type="checkbox"/> Art. of Amend. File |  |  |
| <input type="checkbox"/> Dissolution/Withdrawal         |  |  |
| <input type="checkbox"/> C U S-                         |  |  |
| <input type="checkbox"/> Fictitious Name File           |  |  |
| <input type="checkbox"/> Name Reservation               |  |  |
| <input type="checkbox"/> Annual Report/Reinstatement    |  |  |
| <input type="checkbox"/> Reg. Agent Service             |  |  |
| <input type="checkbox"/> Document Filing                |  |  |
| <input type="checkbox"/> Corporate Kit                  |  |  |
| <input type="checkbox"/> Vehicle Search                 |  |  |
| <input type="checkbox"/> Driving Record                 |  |  |
| <input type="checkbox"/> Document Retrieval             |  |  |
| <input type="checkbox"/> UCC 1 or 3 File                |  |  |
| <input type="checkbox"/> UCC 11 Search                  |  |  |
| <input type="checkbox"/> UCC 11 Retrieval               |  |  |
| <input type="checkbox"/> File No.'s, _____ Copies       |  |  |
| <input type="checkbox"/> Courier Service                |  |  |
| <input type="checkbox"/> Shipping/Handling              |  |  |
| <input type="checkbox"/> Phone ( ) _____                |  |  |
| <input type="checkbox"/> Top Priority                   |  |  |
| <input type="checkbox"/> Express Mail Prep.             |  |  |
| <input type="checkbox"/> FAX ( ) _____ pgs.             |  |  |

200001414302  
 02/24/95-01058-004  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

95 FEB 27 AM 11:40  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**SUBTOTALS**

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ 2.27
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

*Jon Hand*

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<i>JW</i>	_____	_____

WALK-IN Will Pick Up *2:24* *11:00*

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
65 FEB 27 10 07 09  
DIVISION OF CORPORATIONS

February 24, 1995

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: RESIDENTIAL MARKETING ASSISTANCE, INC.  
Ref. Number: P95000005547

We have received your document for RESIDENTIAL MARKETING ASSISTANCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We do not file Affidavits Amending Officers and/or Directors. If you wish to change the officers/directors of this entity, you must file Articles of Amendment. The proper forms are attached.

Please return 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 (904) 487-6957.

Joy Moon-French  
Corporate Specialist

Letter Number: 795A00008536

Corrected

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

Residential Marketing Assistance, Inc.

(present name)

FILED  
95 FEB 27 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article IV is amended to show the only officer and director to the corporation is Stephanie Hobson, 3210 Valenmar Drive, Palm Harbour, FL 34685.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

**THIRD:** The date of each amendment's adoption: Feb 22, 1995.

**FOURTH:** Adoption of Amendment(s) (check one)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 22 day of February, 19 95.

Signature

Stephanie Hobson

(By the Chairman or Vice Chairman of the Board of Directors,  
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Stephanie Hobson

Typed or printed name

President / Director

Title



P95000005547

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

100001608081  
-10/12/95--01013--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

DEAR SIR,

I AM ENCLOSED A COPY OF  
MY RESIGNATION AS PRESIDENT AND  
DIRECTOR OF RESIDENTIAL  
MARKETING ASSISTANCE, INC.,  
118 SO. WESTSHORE BLVD., TAMPA, FL,  
33609.

PLEASE REMOVE MY NAME  
FROM ALL DOCUMENTS IN YOUR  
OFFICE.

THE \$35 FILING FEE IS ALSO  
ENCLOSED

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 11 AM 8:06

SH OCT 17 1995

THANK YOU FOR YOUR HELP.

OFF. Director  
Resis.

SINCERELY,  
STEPHANIE  
HOBSON  
2910 W. ALLIANCE AVE.  
TAMPA, FL 33611

**RESIGNATION OF DIRECTOR AND OFFICER**

I, Stephanie Hobson, resign as President and Director of Residential Marketing Assistance, Inc., effective October 2, 1995.

Dated: Oct. 2, 1995 Stephanie Hobson  
Stephanie Hobson

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 11 AM 8:06