

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

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 \$ _____

JAN 26 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY *APL*

WALK-IN
 Will Pick Up *1-2-200*

RE: *Business Enterprises*

Original Exp. _____
 Art. of Inc. File _____
 Corp. Record Search _____
 Ltd. Partnership File _____
 Foreign Corp. _____
 (Cert. Copy(s)) _____

Art. of Amend. File _____
 Dissolution/Withdrawal _____
 C U S- _____
 Fictitious Name File _____

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 Prop. _____
 FAX () _____ pgs.

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

Date 1/23/75

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

Re: SCENIC ENTERPRISES, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

[Signature]
(individual's name)

SCENIC ENTERPRISES, INC.
(name of corporation)

MAILING ADDRESS OF CORPORATION		
1842 AIRPORT BL. S.		
NAPLES, FL. 33962		
PHONE		
(813)	793-5353	
Area Code	Number	Ext



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

January 26, 1995

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

SUBJECT: SCENIC ENTERPRISES, INC.
Ref. Number: W95000001867

We have received your document for SCENIC ENTERPRISES, 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):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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: 795A00003355

ARTICLES OF INCORPORATION

of

Scenic Enterprises, Inc.
(name of corporation)

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 I - CORPORATE NAME

The name of the corporation is:

Scenic Enterprises, 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 corporation is authorized to issue One thousand shares (1000) of .001 Dollar(s) (\$.001) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Ann T. Frank		
ADDRESS	1842 Airport Road S.		
CITY	Naples,	FLORIDA	ZIP 33962

The principal office, if known, or the mailing address of the corporation is:

NAME	Scenic Enterprises, Inc.		
ADDRESS	1910 Oakes Blvd.		
CITY	Naples	FLORIDA	ZIP 33999

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Robert Siebold		
ADDRESS	1910 Oakes Blvd.		
CITY	Naples,	STATE Florida	ZIP 33999
NAME	Joanne Siebold		
ADDRESS	1910 Oakes Blvd.		
CITY	Naples	STATE Florida	ZIP 33999
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Peter B. Frank		
ADDRESS	1842 Airport Rd. S.		
CITY	Naples	STATE	Florida
		ZIP	33962
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 23rd day of JANUARY, 19 95.

Peter B. Frank (Seal)
 _____ (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Collier) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Peter B. Frank</u> Signature	<u>F652-662-44-175-0</u> Form of Identification
_____ Signature	_____ Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that HC executed these Articles of Incorporation, that I relied upon the form FL-2100-35 of identification of the above named person, as indicated opposite each name, and that an oath (was)(was not) taken.

NOTARY RUBBER STAMP SEAL

ANN T FRANK
 Notary Public, State of Florida
 My comm. expires July 15, 1998
 Comm. No. CC 215250

Witness my hand and official seal in the County and State last aforesaid this 23rd day of JANUARY, 19 95

Ann T. Frank
 Notary Signature
ANN T. FRANK
 Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

FILED
95 JAN 26 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Scenic Enterprises, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 1842 Airport Road S.
Naples, Florida 33962

has named Ann T. Frank
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Ann T. Frank
(registered agent)