

# 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

**PA5000013851**

PHONE \_\_\_\_\_

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

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

Mailor No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

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

95 FEB 17 11 22 AM '96

RECEIVED

RE: Argory Industries, Inc.

	C.C. FEE.	DISBURSED
General Express		
Art. of Amend. File		
Copy Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) 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 Prep.		
FAX ( ) pgs.		

600001409426  
 -02/17/95-01054-031  
 \*\*\*\*\*122.50 \*\*\*\*\*122.50

RECEIVED  
 SECRETARY OF STATE  
 ALABAMA  
 FEB 17 PM 3:21  
 FILED

## SUBTOTALS

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

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY SW

WALK-IN  
 Will Pick Up 2-17 3:00

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

**ARTICLES OF INCORPORATION**

**OF**

**FILED**

**95 FEB 17 PM 3: 21**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARGOSY INDUSTRIES, INC.**

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 **ARGOSY INDUSTRIES, INC.**

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be 603 Osceola Rd., Belleair, FL 34616.

**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 one dollar (\$1.00) per share.

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

The name and address of the initial registered agent is  
David G. Platte, 603 Indian Rocks Rd., Belleair, FL 34616.

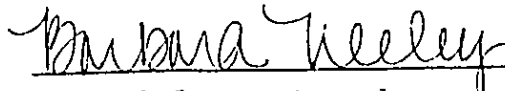
**ARTICLE V: INCORPORATOR**

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 the member of the initial Board of  
Directors, president, secretary, and treasurer of the corporation  
is Shon E. Flaharty, 603 Osceola Rd., Belleair, FL 34616.

The undersigned has executed these Articles of Incorporation this  
17th day of February, 1995.



Capital Connection, Inc.

Barbara Neeley - President  
Incorporator

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

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.

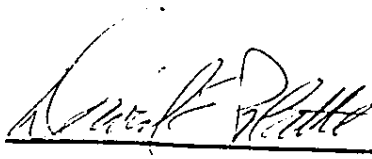
1. The name of the corporation is: \_\_\_\_\_

ARGOSY INDUSTRIES, INC.

2. The name and street address of the registered agent and office is: \_\_\_\_\_  
David E. Platte

603 Indian Rocks Rd., Belleair, FL 34616

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.

  
\_\_\_\_\_

FILED  
FEB 17 PM 3:21  
CLERK OF STATE  
TALLAHASSEE, FLORIDA